



**College of Intensive Care Medicine  
of Australia and New Zealand**

ABN: 16 134 292 103

## **Maintenance of Professional Standards**

### **Program Manual**

# Maintenance of Professional Standards Program Manual

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# Maintenance of Professional Standards

## Introduction

The Maintenance of Standards program was initially introduced by the Faculty of Intensive Care, ANZCA, in 1996 and was revised as the new Maintenance of Professional Standards (MOPS) Program in 2000. Since that time, a number of minor changes have been made, including the move to an annual program, based on a calendar year. The program remains voluntary and is open to all Fellows, and non-Fellow intensivists in Australia and New Zealand. Participants are required to self-maintain a *MOPS Diary*, which is a logbook record of involvement in specified educational activities in intensive care and related disciplines. Diaries are available in paper format, or on line through the CICM Website ([www.cicm.org.au](http://www.cicm.org.au)).

The principal objective of the MOPS program is to foster continuing scholarship in order to maintain a high standard of clinical practice. Thus the principal role is educational and the program validates continuous medical education (CME), quality assurance (QA), and other self-improvement educational activities.

The MOPS program credits points according to educational activities undertaken. Activities are varied and the program offers flexibility and diversity in crediting educational activities to meet the varied needs of individual participants, especially those in rural and private practice. Participants must obtain at least 50 points for CME/TTR (Continuing Medical Education/Training, Teaching and Research) activities and 25 points for QA (Quality Assurance) activities every year. Apart from this requirement, the program is not points-driven. The emphasis is on self-analysis by peer comparison, so as to assess and enhance the educational value of one's activities. This is accomplished by recording activities in a diary logbook and feedback of peer activities. Deficient areas can thus be self-targeted for improvement.

Participants are required to submit an annual return of their activities from 1 January to 31 December of each year. Returns can be submitted by paper forms or via the web. **All returns must be forwarded before the end of February of the next year.** New participants enrolling after the start of the calendar year must submit a Return of their activities from their starting month to 31 December of that year. (The minimum points requirement may be waived for that incomplete year). They then submit a full calendar year's Return in subsequent years. Upon receipt of their Annual Return, Participants will be issued with a *Statement of Participation* for the past year. The *Statement of Participation* for any participant who has submitted their return after the deadline will be endorsed with the words "LATE RETURN". The College encourages all Fellows to participate. Non-Fellows may do so at a fee determined by the Board.

## Objective of the MOPS Program

The major objective of the Maintenance of Professional Standards (MOPS) Program is to foster continuing scholarship in order to maintain a high standard of clinical practice.

## Random Review

Random reviews will be undertaken on up to 5% of participants to verify the accuracy of their returns and the relevance of activities claimed in individual Programs. Documentation related to MOPS activities - such as meeting programs, agendas, timetables, reports, invitations and publications - for the current *and* previous year's activities should be kept on file with the MOPS Diary. A participant who has successfully completed a random review will not be liable for another review for the subsequent 5 years.

## Confidentiality

All data and individual records gathered through participation in the program are held in strict confidence.

## Key Elements of the Program

- The program places emphasis on CME and QA while recognizing the important contributions from other areas in enhancing clinical standards.
- There is flexibility and diversity in crediting educational activities to meet the varied needs of individual participants. Many activities are credited, including those relating to multi-media and self-initiated learning.
- Attention is given to feedback and self-analysis by peer comparison, and to recording outcome of each activity, so as to assess and enhance the educational value of activities. Deficient areas can be self-targeted for improvement.
- A prescribed diary is used to record activities. This facilitates annual returns and self-reviews of one's activities.
- The program is not points-driven, although a basic level of CME/TTR and QA activities is required every year. There is no incentive to creatively accumulate points, as any useful analysis involves self-comparison with peers.
- Activities of other Colleges and specialties are recognized, if they are relevant to one's particular practice of intensive care.

# EXPLANATION OF ACTIVITIES

## 1. Continuing Medical Education

Participation in Continuing Medical Education (CME) activities is mandatory. A wide range of educational activities relevant to intensive care and related disciplines can be credited. CME activities must aim to assist participants maintain and enhance their knowledge, skills and attitudes necessary for practice in their chosen profession and for future career development. The minimum requirement is for 50 points each year, and may include Training, Teaching and Research (TTR) activities.

### 1.1 Major Continuing Medical Education Meetings

These are scientific meetings, workshops, and seminars conducted by an official professional organization. Seminars are generally small group meetings directed at a topic. Workshops are generally interactive small group activities with clear educational objectives that consider the needs of participants. Only international, national, or regional activities, including those of other medical colleges, can be credited for 3 points/hour (codes 111 and 112). Sessions attended at meetings of other specialties must have relevance to intensive care.

Some College or specialty scientific meetings may have some sessions devoted to QA; participants may claim time in such sessions as QA activities (Code 211), but cannot concurrently claim that time under CME.

#### *Examples:*

College ASM, ANZICS ASM, Regional College and ANZICS meetings, European Society of Intensive Care Medicine meetings, Society of Critical Care Medicine Annual Meetings, and annual scientific meetings of other colleges.

*Approval from MOPS Officer:* No.

#### *Documentation Required (examples):*

Meeting program, registration receipt, or attendance certificate.

### 1.2 Local Continuing Medical Education Meetings

These are formal Hospital, Department, or Practice Group CME Meetings. Meetings must be held on a regular basis with a focus on patient care and should be claimed at 3 points/hour (code 121). Local CME meetings may occasionally engage in QA activities, when points may then be claimed for local QA activities at 3 points/hour (code 221), but not for both.

#### *Examples:*

Hospital Grand Rounds,  
Department educational meetings and seminars,  
Specialty-sponsored scientific/dinner meetings,  
Private/rural practice group educational meetings (e.g. monthly practice CME meetings, including reports of major meetings by those who attended).

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Attendance records or certificates, minutes (which should include a list of those present).

### **1.3 Remote Group Learning**

These are long distance group learning activities, which must be in real-time and interactive with specific topics. Activities organized by the College and Regional/National Committees and ANZICS are automatically accredited for 3 points/hour (code 131).

*Examples:*

Tele-conferencing,  
Video conferencing,  
Internet conferencing.

*Approval from MOPS Officer:*

Yes, if not a College or ANZICS activity. *Documentation Required (examples):*

Meeting notices, programs, agendas, registration receipts, minutes or reports.

### **1.4 Self-Directed Learning Activities**

These are self-assessment and self-initiated educational activities. Apart from submitted HELP self-assessment modules (20 points/issue (code 141), the activities are credited with 1 point/hour, with each code 142, 143, and 144 limited to a maximum of 10 points in each year.

*Examples:*

Self assessment programs (code 141),  
Reading journals and books, (code 142),  
Listening and watching educational audio and video tapes (code 143),  
Using computer learning programs and Internet databases (code 144).

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Diary entries and completed programs where available.

### **1.5 Continuing Medical Education Committee Work**

Points can be claimed for work in planning CME activities in formal committees of hospitals or professional organizations. Time claimed is limited to the time dealing with CME matters on the agenda. One point/hour (code 151) can be claimed, to a maximum of 10 points in a year.

*Examples:*

Member of Hospital CME Committee,  
Department CME convenor,  
Member of a regional or professional education committee.

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Meeting notices, agendas, minutes, or reports.

## 1.6 Learning Projects

Participants may pursue projects in areas of interest, in a structured and systematic manner. The projects should be learner-initiated and planned, and must have educational objectives. Except for EMST, ATLS, APLS, CCrISP and ADAPT courses, approval from the MOPS Officer must be sought in advance. Points credited (code 161) range from 25-100/project, according to a category rating (1 to 4) which will be allocated by the MOPS Officer, based on educational value and time spent.

### *Examples:*

EMST, ATLS, APLS, CCrISP and ADAPT courses (category rating 4, with a credit of 100 points) – other resuscitation/trauma courses need prior approval,  
Formal courses of study relevant to the practice of intensive care  
Courses to learn a new technique such as transoesophageal echocardiography,  
Producing teaching videos or computer educational material,  
Work towards a thesis, but not for a College qualification.

### *Approval from MOPS Officer:*

Yes, before undertaking project, except for officially registered EMST, ATLS, APLS, CCrISP or ADAPT courses.

### *Documentation Required (examples):*

Course registration, programs, enrolment acknowledgements, or completed educational material.

## 2. Quality Assurance

Quality Assurance (QA) can be defined as “*an organized process that assesses and evaluates health services to improve practice or quality of care.*” The MOPS Program requires participation in QA relevant to one’s clinical practice. This is consistent with an evolving requirement on health care professionals to demonstrate QA and improvement in practice. It provides participants with the opportunity to study, analyze, and audit selected aspects of their clinical performance with the aim to improve their practice.

The minimum requirement is for 25 points every year. This can be achieved from points compiled from activities including participation in QA meetings (codes 211 and 221), QA planning (code 251), and short hospital attachments (code 521), or from a single activity such as a clinical audit project (codes 231 and 232), a professional practice review (codes 411), or a one-week hospital attachment (code 511).

### 2.1 Major Quality Assurance Meetings

These are meetings, workshops, and seminars conducted by an official professional organization to specifically foster QA. QA eligible meetings are those whose prime focus is the development, implementation, evaluation and consequent improvement of quality assurance activities related to patient care. Meetings in which data from clinical care, collected in a formal and systematic manner, are evaluated against accepted standards are also eligible. Only international, national, or regional activities, including those of other medical colleges are credited for 3 points/hour (code 211).

### *Examples:*

Meetings, sessions, workshops, or seminars on critical incidents monitoring, clinical indicators, clinical audits, and maintenance of professional standards.

*Approval from MOPS Officer: No.*

*Documentation Required (examples):*

Meeting program, registration receipts or attendance certificate.

## **2.2 Local Quality Assurance Meetings**

These are properly constituted Hospital, Department, or private/rural practice group formal QA Meetings. Dedicated QA meetings must be held on a regular basis, and must be devoted to QA with a focus on patient care. The objective is to evaluate performance. There must be a high degree of interaction and discussion, and areas of improvement should be examined. Follow-up of outcome from changes made is highly desirable. Participants should be restricted to peers. Points may be claimed at 3 points/hour (code 221). Case discussions in regular department meetings are normally credited as CME activities, but occasional department meetings may be claimed as QA activities under this code if the above qualifiers apply.

*Examples:*

Peer reviews such as mortality and morbidity meetings and reviews of patient care from randomly chosen patient records,

Regular reviews or reports on outcome audits, clinical audits, clinical indicators, clinical guidelines, critical incidents, and patient satisfaction surveys,

*Approval from MOPS Officer: No.*

*Documentation Required (examples):*

Attendance records or certificates, minutes (which should include a list of those present).

## **2.3 Clinical Audit Projects**

These are audits of clinical practice and must involve design and planning, collection of data, analysis of data, and assessment of changes resulting from interventions (to “close the loop”). Selection of projects should depend on relevance to practice, specific questions to address, and the feasibility of acquiring useful findings. The aim is to review clinical performance and derive interventions to improve areas of deficiency, and later on, evaluate the results of those interventions. The principal investigator may claim 30 points (code 231), and an active participant, (i.e. a person whose clinical performance is being audited), 25 points/ project (code 232). Clinical audit projects are not necessarily research projects, but are rather the audits that are undertaken as part of an institution’s routine Quality Assurance Program. They include, but are not restricted, to the following examples.

*Examples:*

Criteria-based audit: This is a project that evaluates performance according to predetermined criteria, which are usually reported outcomes of peer groups. In areas without published criteria, new criteria can be established by original study or a consensus of peers. A criteria-based audit is usually based retrospectively, but can be a prospective study. Examples include the incidences of nosocomial pneumonia, central line infection and self extubation. Other examples include audits on aspects of organization which affect patient care, such as the number of refused admissions.

Clinical indicators: These are predetermined criteria, and collecting data on clinical indicators is a form of criteria-based audit. The ACHS Clinical Indicators for intensive care present criteria for intensive care performance. A review of such clinical indicators data from a department or group is a clinical audit project.

Clinical guidelines or protocols: These are recommended methods of clinical practice that contribute to good care. A clinical audit project could, for example, check for the existence of clinical guidelines, compliance with guidelines, whether guidelines are regularly reviewed, and propose recommendations for improvement.

Critical reviews: These are structured analyses of patient care in areas where clinical guidelines may not be available or are inappropriate. A clinical audit project could, for example, review the outcome of refused admissions, the time to establish enteral feeding or the use of laboratory tests in post operative patients.. Recommendations and outcome from implementing changes are highly desirable.

Critical incidents: These are voluntary reports by staff on events that led to, or could have led to, an adverse outcome in patients or staff members. A critical incident monitoring project must analyze the incidence, causes, contributing and mitigating factors, and outcome of critical incidents, and should recommend strategies for improvement. An evaluation of results from implementing changes is highly desirable.

Patient Surveys: These are satisfaction surveys of patients treated by a department or practice group. A clinical audit project could measure specific issues relevant to intensive care, such as satisfaction with communication, clinical care and orpain management. Issues such as confidentiality, and patient anonymity and fear of reduced care consequent to critical comments, should be addressed.

*Approval from MOPS Officer: No.*

*Documentation Required (examples):*

Documentation must be available to show that planning, implementation, and analysis of results were undertaken for a clinical audit. Recommendations for improvements and follow-up reviews are highly desirable.

## **2.4 Hospital Accreditation Reviews**

College appointed inspectors who undertake hospital accreditation reviews may claim 30 points/day (code 241).

*Approval from MOPS Officer: No.*

*Documentation Required (examples):*

Correspondence of appointment, timetables of inspections, or review reports.

## **2.5 Quality Assurance Committee Work**

Points may be claimed for work in planning QA policies and activities in formal committees of hospitals or professional organizations. Time claimed is limited to the time dealing with QA matters on the agenda. One point/hour can be claimed (code 251), to a maximum of 10 points in a year.

Reporting cases to regional or national mortality committees qualifies for 3 QA points/report (code 252). A report should provide full details about the case, and preferably include an analysis of factors that contributed to the fatal outcome.

Medico-legal Work qualifies for 1 QA point/case (code 253).

In Training Assessment of Trainees by Supervisors of Training is approved for 1 QA point/hour (Code 254), to a maximum of 10 points in a year.

*Examples:*

Member of Hospital QA Committee,  
Member of a regional or professional committee which occasionally addresses clinical QA,  
Reporting cases to the relevant Mortality Committees,  
Appearing as an expert witness in a court case,  
Sitting on a disciplinary body hearing a case,  
Giving a formal opinion on the standard of care to a statutory body, e.g. Health and Disability Commissioner (NZ).

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Meeting notices, agendas, minutes, or reports,  
Acknowledgements from Mortality Committees,  
Copy of letter of request, opinion,  
Copies of ITAs (with confidential material deleted).

### **3. Training, Teaching, and Research**

Credit points from training, teaching and research activities are not mandatory requirements of the MOPS Program, but may be included in the 50 CME/TTR point annual minimum. As these activities contribute significantly to continuing scholarship, participants, as medical professionals, should uphold a commitment to these activities.

#### **3.1 Teaching**

Credit at 5 points/hour (code 311) may be obtained from set formal teaching periods outside clinical duties in the ICU.

*Examples:*

Teaching of health professionals, including undergraduates, vocational trainees, nurses, allied health staff,  
Teaching examination and viva techniques for CICM/ANZCA/RACP examinations,  
Teaching as instructors for CICM recognized courses e.g. EMST, ATLS, APLS, CCrISP and ADAPT or equivalent, skills laboratories, including simulation.

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Time tables, rosters, course programs, evaluations of teachers, or institution reports.

#### **3.2 Examinations**

Examiners participating in CICM, ANZCA or RACP oral and/or clinical examinations may claim 30 points/day (code 321). Examiners who prepare questions and mark papers for CICM, ANZCA or RACP examinations, and participants who prepare questions for HELP self assessment modules may claim 2 points/hour (code 322). Participation in other examinations requires accreditation by the MOPS Officer.

*Examples:*

College Primary or Fellowship Examinations,  
RACP Examinations,  
FANZCA Primary and Final Examinations,  
FFPMANZCA Final Examinations,  
HELP modules.

*Approval from MOPS Officer:*

No, except for non-College examinations.

*Documentation Required (examples):*

Examination time tables, letters of appointment.

### **3.3 Publications and Reviews of Manuscripts and Grants**

All authors of publications may claim points. Abstracts in meeting proceedings cannot be credited. Higher points are credited to theses and publications in indexed journals. Points can be claimed for reviewing manuscripts, theses, and research grants. Theses require a category rating (1 to 3) from the MOPS Officer. In general, points credited for this academic category do not reflect the considerable time and scholarship put into the work.

*Examples:*

Papers (code 331, 20 points/paper in indexed journals, and code 332, 5 points/non indexed journal paper),  
Books (code 333, 50 points/book, and code 334, 10 points/chapter),  
Professional guidelines, policies and protocols (code 335, 5 points/item),  
MD, PhD, MPhil, MSc theses (code 336, 50-150 points according to category rating 1-3),  
Reviews of manuscripts and research grants (code 337, 5 points/item),  
Examination of a thesis (code 338, 20 points/thesis),  
Publication of a letter in a refereed journal (code 339, 2 points/letter).

*Approval from MOPS Officer:* Yes, for code 336 only.

*Documentation Required (examples):*

Reprints of papers, copies of protocols, policies, books, chapters, and theses, and invitations to review manuscripts and theses.

### **3.4 Presentations**

Only presentations at major meetings in 1.1 and 2.1 may claim points.

*Examples:*

Oral presenter, 20 points/presentation (code 341),  
Chairman (moderator) of a session, 3 points/session (code 342),  
Poster presenter, 5 points/poster (code 343).

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Invitations, acceptance notices, meeting programs, abstract books and proceedings, and reprints of papers.

### **3.5 Training, Teaching and Research Committee Work**

Credit may be claimed for committee work in teaching and research activities. These must be formal committees of hospitals or official organizations. Activities claimed are limited to the time dealing specifically with training, teaching or research on the agenda. One point/hour can be claimed, up to a maximum of 10 points a year (code 351).

*Examples:*

Institution teaching program committees,  
Supervisor of Training; work in planning teaching,  
Institution research committee,  
Institution ethics committee.

*Approval from MOPS Officer:* No.

*Documentation Required (examples):*

Meeting agendas, minutes, or reports.

#### **4. Professional Practice Review**

This is a one-day review of a participant's practice, on-site at the practice, by a peer nominated by the Regional/National Committee and endorsed by the MOPS Officer. For participants who work at the same institution, up to two participants can be reviewed by the peer on that day. When the visit has been completed and PPR is approved, the participant will be awarded 25 points for CME and 50 points for QA (code 411). It also provides an opportunity for participants to gain specific information about their practices that will assist them to maintain the best possible standards of care. Participants need to register and pay a fee as determined by the College. A written report is required from the reviewer who will be entitled to claim 30 QA points (code 412). This activity qualifies the successful participant for the MOPS QA requirement for two consecutive years, and reviewer for the MOPS QA requirement for one year. Participants in PPR will be exempt from the MOPS audit for the subsequent 5 years.

*Example:*

A review will include -  
a review of practice setting, case mix, profile, and records,  
evidence of compliance with College guidelines, policies and protocols,  
evidence of participation in CME and QA activities,  
observation of clinical skills where appropriate,  
observation of the participant interacting with patients and staff.

*Approval by MOPS Officer:*

Yes, in advance.

*Documentation Required:*

Confirmation by the MOPS Officer.

#### **5. Hospital Attachment**

This is a period of attachment at a hospital accredited for intensive care training, where a participant can observe and engage in hands-on clinical practice. It provides participants an opportunity to update their knowledge and clinical skills. This category excludes

services provided infrequently at an accredited hospital, by an intensive care specialist who is based at another hospital.

### **5.1 One Week Hospital Attachment**

Credit is given for an attachment period of at least five days. An organized program is essential, and the five days must be consecutive. Participants are given 50 CME points and 50 QA points (code 511). This activity allows a participant to fulfill the mandatory CME and QA requirements for the year. Approval from the MOPS Officer must be sought in advance.

The receiving department's Director should nominate a senior specialist to be the participant's preceptor. This preceptor is required to provide a written report on the participant's attachment period for the MOPS Officer, and may claim 20 points for QA (code 512).

*Example:*

Application to the MOPS Officer should include a program agreed to by the Chairman of the receiving department.

The preceptor's report should verify fulfillment of the program by the participant.

*Approval by MOPS Officer:*

Yes, in advance.

*Documentation Required (examples):*

Confirmation by the MOPS Officer and the report by the preceptor.

## 5.2 Short Hospital Attachments

These are attachment periods of less than five days at a hospital accredited for intensive care training. Each attachment must last at least one day. A confirmatory note of attendance signed by the receiving department Director is required (to be kept by the participant), but a preceptor, written report, or prior approval by the MOPS Officer is not necessary. Participants may claim 15 points for CME and 5 points for QA/day (code 521). Five non-consecutive short attachment days cannot be claimed in lieu of code 511 above.

### *Example:*

Self-arranged visits with the Director of the receiving department. Each short attachment should have a learning objective, e.g. to “brush-up” on the management of acute lung injury.

*Approval by MOPS Officer:* No.

### *Documentation Required (examples):*

Confirmation of attendance by the receiving department Director.

## 6. Simulator & Skills Laboratory Courses

Simulator-based and skills laboratory training and education can be credited if the course is approved and completed at an accredited simulator centre. Approval from the MOPS Officer must be sought in advance for other simulator sessions undertaken. Half day courses are credited with 15 points each for CME and QA (code 611). Full day courses are credited with 25 points each for CME and QA (code 612). Simulator based courses offered as part of an approved conference, 5 points each for CME and QA/hour (code 613). Tutors for simulator courses may claim 5 points/hour under Teaching (code 311).

### *Examples:*

EMAC Course,  
Courses in any simulator centre approved by the MOPS Officer,  
Module courses in a skills laboratory.

### *Approval by MOPS Officer:*

Yes, if not an approved course.

### *Documentation Required (examples):*

Registration receipts, course programs or reports.

## 7. Other Activities

Other activities considered suitable for MOPS require a detailed submission to the MOPS Officer for evaluation. Points if credited under code 700, will depend on the educational value of the particular activity. Approval from the MOPS Officer should preferably be sought in advance.

### *Examples:*

Attending courses on subjects outside intensive care.

### *Approval by MOPS Officer:*

Yes, in advance.

*Documentation Required (examples):*

Brief description of activity.

### **7.1 Sabbaticals**

Sabbatical / approved study leave in a local or overseas institution is approved for 25 CME points/ three months (code 711).

*Approval by MOPS Officer:*

Yes, in advance.

*Documentation Required (examples):*

Program and letter of invitation / approval.

### **7.2 Overseas Aid Trips**

Teaching in a foreign country as a member of an official government delegation is approved for 2 CME, 2 QA and 5 TTR points/day (Code 721)

*Approval by MOPS Officer:*

Yes, in advance.

*Documentation Required (examples):*

Letters of invitation, attendance notes.

## CREDIT POINTS ALLOCATION – QUICK REFERENCE

### 1. CONTINUING MEDICAL EDUCATION

Minimum requirement of 50 points every year (may include TTR points)

<b>1.1 Major CME Meetings</b>	<b>Code</b>	
<i>Participant – intensive care, medicine, anaesthesia and pain meetings</i>	111	3 points/hour
<i>Participant – other specialties' meetings</i>	112	3 points/hour
<i>Presenter / Chairman, see 3.4</i>		
<b>1.2 Local CME Meetings</b>	<b>Code</b>	
<i>Participant</i>	121	3 points/hour
<b>1.3 Remote Group Learning</b>	<b>Code</b>	
<i>Participant</i>	131	3 points/hour
<b>1.4 Self-Directed Learning Activities</b>	<b>Code</b>	
<i>Self-assessment (HELP) modules, <u>if submitted</u></i>	141	20 points/issue
<i>Reading journals and books; unmarked HELP modules</i>	142	1 point/hour
<i>Audio and video tapes</i>	143	1 point/hour
<i>Computer assisted learning (Internet searches etc)</i>	144	1 point/hour
Codes 142, 143, and 144 - maximum limit of 10 points each in a year		
<b>1.5 CME Committee Work</b>	<b>Code</b>	
<i>Participant</i>	151	1 point/hour, maximum 10 points
<b>1.6 Learning Projects</b>	<b>Code</b>	
<i>Per project according to category rating 1-4 (EMST, ATLS, APLS, CCrISP and ADAPT courses – category rating 4)</i>	161	25-100 points 100 points

### 2. QUALITY ASSURANCE ACTIVITIES

Minimum requirement of 25 points every year

<b>2.1 Major QA Meetings</b>	<b>Code</b>	
<i>Participant</i>	211	3 points/hour
<i>Presenter / Chairman see 3.4</i>		
<b>2.2 Local QA Meetings</b>	<b>Code</b>	
<i>Participant</i>	221	3 points/hour
<b>2.3 Clinical Audits</b>	<b>Code</b>	Points/project
<i>Principal co-ordinator of a group project</i>	231	30 points
<i>Active participants in a group project</i>	232	25 points
<b>2.4 Hospital Accreditation Reviews</b>	<b>Code</b>	

<i>Reviewer</i>	241	30 points/day
<b>2.5 QA Committee Work</b>	<b>Code</b>	
<i>Participant</i>	251	1 point/hour, maximum 10 points
<i>Reporting cases to relevant State/National Mortality Committees</i>	252	3 points/report
<i>Medico-Legal Work</i>	253	1 point/case
<i>In Training Assessment of Trainees by SOTs</i>	254	1 point/hour, maximum 10 points
<b>3. TRAINING, TEACHING, AND RESEARCH</b>		
<b>3.1 Teaching</b>	<b>Code</b>	
<i>Participant</i>	311	5 points/hour
<b>3.2 Examinations</b>	<b>Code</b>	
<i>Participant in a full examination</i>	321	30 points/day
<i>Participant in preparing questions or marking papers</i>	322	2 points/hour
<b>3.3 Publications, Reviews of Manuscripts &amp; Grants</b>	<b>Code</b>	
<i>Journals, per paper</i> - refereed journals	331	20 points
	332	5 points
<i>Books, per book</i>	333	50 points
<i>Book chapters, per chapter</i>	334	10 points
<i>Professional guidelines, policies and protocols</i>	335	5 points/item
<i>Theses: category rating 1-3</i>	336	50-150/thesis
<i>Reviews of papers, books, &amp; research grants</i>	337	5 points/review
<i>Examination of a thesis</i>	338	20 points
<i>Publication of a letter in a refereed journal</i>	339	2 points/letter
<b>3.4 Presentations</b> (only at approved major meetings)	<b>Code</b>	
<i>Oral presenter</i>	341	20 points/paper
<i>Chairman</i>	342	3 points/session
<i>Poster presenter</i>	343	5 points/poster
<b>3.5 TTR Committee Work</b>	<b>Code</b>	
<i>Participant</i>	351	1 point/hour, maximum 10 points
<b>4. PROFESSIONAL PRACTICE REVIEW</b>	<b>Code</b>	
<i>Participant</i>	411	25 points for CME & 50 points for QA
<i>Reviewer</i>	412	30 points QA

## 5. HOSPITAL ATTACHMENT

<b>5.1 One Week Attachment</b>	<b>Code</b>	
<i>Participant</i>	511	50 points for CME & 50 points for QA
<i>Preceptor</i>	512	20 points for QA
<b>5.2 Short Attachments</b>	<b>Code</b>	Per day
<i>Participant</i>	521	15 points for CME & 5 points for QA

## 6. SIMULATOR & SKILLS LABORATORY COURSES

<i>Half day College approved course</i>	611	15 points for CME & 15 points for QA
<i>Full day College approved course</i>	612	25 points for CME & 25 points for QA
<i>Course offered as part of an approved conference</i>	613	5 points for CME & 5 points for QA/hour
<i>Tutors see 3.1, code 311</i>		

## 7. OTHER ACTIVITIES

<i>Activities not covered elsewhere</i>	700	varying
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Points if credited, will depend on the educational value of the particular activity.  
Approval from the MOPS Officer should be sought, preferably in advance.

<b>7.1 Sabbaticals</b>	711	25 points for CME / 3 months
<i>Participant</i>		
<b>7.2 Overseas aid trips</b>	721	2 points for CME, 2 points for QA & 5 points for TTR/day
<i>Participant</i>		