A CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM FOR ATDP ADVOCATES
Table of Contents
Introduction: ............................................................................................................................... 3
Recommendations: ..................................................................................................................... 4
Does ATDP need a CPDP? ........................................................................................................ 4
A proposed model: ..................................................................................................................... 4
   Published paper: ..................................................................................................................... 6
   Seminar: ................................................................................................................................. 6
   Webinar: ................................................................................................................................. 6
On-line video tutorial: .............................................................................................................. 7
On-line PowerPoint tutorial: .................................................................................................... 7
On-line quiz: ............................................................................................................................... 7
On-line case study: ................................................................................................................... 7
Successful completion of a ‘specialist’ course: ...................................................................... 8
Attendance at a CoP forum: ...................................................................................................... 8
National on-line chat-room: .................................................................................................... 9
Formal assessment: .................................................................................................................. 9
Repeating on-line course components: .................................................................................. 10
Self directed learning: ............................................................................................................. 10
Pitching options to the appropriate level: ............................................................................. 10
   National consistency versus regional flexibility: ............................................................... 11
Currency of knowledge/skills: ................................................................................................. 11
Compulsion & sanction: .......................................................................................................... 12
ATDP’s role in CPD: .................................................................................................................. 13
ATDP overheads: ..................................................................................................................... 13
   Administration ....................................................................................................................... 13
   Finance ................................................................................................................................. 13
Implementation: ...................................................................................................................... 14
Oversight: ................................................................................................................................. 14
   The risk factor: ..................................................................................................................... 15
Introduction:

As the name ‘Advocacy Training and Development Program’ suggests, an important, indeed crucial, element of the program is the ongoing ‘development’ of practitioners’ skills and knowledge.

The ATDP ‘Blueprint’ requires (at Chapter 7) that “[t]he Capability Management Framework will also identify a maintenance and professional improvement program for practitioners to ensure they continue to develop and demonstrate the required skills and competencies”.

All ATDP training could be defined as professional development; from the pre-level I selection process to Level IV compensation to Level II welfare.

The training, mentoring and assessment undertaken on the way to achieving competency at a given level within a chosen discipline (ie compensation or welfare) can be described as initial professional development (IPD).

This paper is concerned with post-training development – post-IPD training. That is, the ongoing professional development of advocates who have been assessed as competent within their discipline(s).

To more accurately reflect its purpose, this is defined as continuing professional development (CPD) within a continuing professional development program (CPDP).

Whilst CPDPs can be considered as a separate activity, they must be considered within the overall contextual matrix of practice.

If such a holistic view is taken, then communities of practice (CoPs) must be seen as a major part of CPD.

This paper is not intended as an academic treatise on the subject of CPDPs. Rather, it offers a model for CPD within the framework of the ATDP. Research reveals that the model proposed reflects the practices of comparative bodies in commerce, health and education.

While there will be a need to develop robust administrative processes and documentation to support the implementation of the proposed CPDP, this paper is intended to provide a conceptual overview which may assist the CFMG to determine the direction of ATDP’s CPDP.
**Recommendations:**

This paper recommends that:

- CFMG adopt a points based CPDP based on advocates undertaking identified activities;
- The CPDP provides opportunities for the continuing growth in skills and knowledge of all advocates;
- An advocate accrue a minimum of 60 points over any three calendar year period. In addition, each practitioner be required to accumulate a minimum of 15 points in any one year;
- The CPDP be ‘agile’; that is capable of rapid adaptation to changes in the transactional environment;
- The CPDP be supportive of and compliant with the whole ATDP model including CoPs and VITA;
- The identified activities, to the extent practicable, be offered in an on-line format to enhance access;
- The ATDP OMS be adapted and used to manage and facilitate the CPDP;
- The CFMG appoint a sub-committee to manage and oversight the CPDP.

**Does ATDP need a CPDP?**

The answer is absolutely yes.

ATDP is about providing “high quality” advocacy services.

Advocates work in a complex and ever changing statutory and policy environment. Without a commitment to lifelong learning, a sense of moral obligation to maintain and improve competence and to keep abreast of change, an advocate – no matter how well trained – cannot practice proficiently. Whilst the ATDP provides opportunities for the acquisition of the skills and knowledge required to undertake a range of advocacy roles, there is a need for a program that supports the ongoing development and growth of advocates’ skills and knowledge.

A CPDP achieves two objectives. Firstly, it ensures the maintenance of currency of skills and knowledge which can support the achievement of higher quality advocacy services. Secondly, an effective CPDP can ‘bind’ people to the ATDP ‘brand’ over the longer term. That is, advocates will remain actively ‘involved’ with ATDP to a far greater extent for longer, than they might have otherwise.

**A proposed model:**

Any ATDP CPD program must have a number of key attributes. It must (at a minimum):
- Be nationally consistent;
- Be an integral component of the overall ATDP QA strategy;
- Ensure that the advocate’s knowledge and skill set retains currency in the practice environment;
- Have the least possible ongoing administrative overheads for ATDP;
- Have utility for authorising ESOs;
- Meet VITA’s requirements for PI insurance cover;
- Be easily accessible to advocates regardless of physical location or other impediment;
- Be adaptable, taking into account the level at which the advocate practices; and
- Be complimentary with the ATDP CoP program.

The model proposed consists of advocates accruing points for participating in CPD programs offered by ATDP. For example ATDP could offer the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication of essay.</td>
<td>15</td>
</tr>
<tr>
<td>Attendance at an ATDP seminar</td>
<td>10</td>
</tr>
<tr>
<td>On-demand access to a recorded ATDP seminar</td>
<td>5</td>
</tr>
<tr>
<td>Attendance at an ATDP webinar</td>
<td>10</td>
</tr>
<tr>
<td>Accessing an on-line video tutorial</td>
<td>5</td>
</tr>
<tr>
<td>Accessing an on-line PowerPoint tutorial</td>
<td>5</td>
</tr>
<tr>
<td>Undertaking an on-line quiz</td>
<td>5</td>
</tr>
<tr>
<td>Undertaking an on-line case study</td>
<td>10</td>
</tr>
<tr>
<td>Attendance at a ‘specialist’ ATDP course</td>
<td>10</td>
</tr>
<tr>
<td>Attendance at a CoP forum</td>
<td>10</td>
</tr>
<tr>
<td>Accessing ATDP’s on-line chat-room.</td>
<td>5</td>
</tr>
<tr>
<td>Repeating on-line component of training at current level</td>
<td>10</td>
</tr>
<tr>
<td>Formal assessment</td>
<td>10</td>
</tr>
</tbody>
</table>

The above list should not be seen as exhaustive. Indeed, as the system matures and other options present themselves (based on professional need or technological opportunity), the offerings can be added to or reduced on either a planned or ad-hoc basis.

If costs are to be contained (for both ATDP and ESOs) and access (physical and temporal) to the CPDP enhanced, practitioners will have to be encouraged to think ‘outside the box’ when it comes to undertaking CPDP. Most importantly, practitioners must accept that it is they who are responsible for their own professional development.

Face-to-face events will be a rarity and repeating ‘qualifying’ courses a thing of the past.

The available options must be ‘refreshed’ on a regular basis. There would be few disincentives greater than perusing the offerings to discover that one has ‘done’ the lot.

A brief description of each option follows:
Published paper:

This option allows an advocate to submit and have published on the ATDP website a brief paper or essay (limited to say 1,500 words maximum) on an issue relevant to compensation or welfare advocacy.

Publication of the paper will be subject to a ‘peer review’ by a ‘publications sub-committee’ of the CFMG. The subject matter can be of the advocate’s own choosing or address a topic suggested by the CFMG. A prize could be awarded to the best paper published in the calendar year.

This option should be open to all advocates in both disciplines.

A note of caution: the review process cannot be allowed to become a means of censorship by which legitimately held dissenting views are suppressed.

Seminar:

Perhaps most useful for Level III and IV advocates in the compensation ‘space’ and Level II welfare advocates.

Such events should be conducted ‘live’ in one location and subsequently made available online and ‘on-demand’ around Australia via the ATDP website.

Content for the event should be determined by a combination of material identified by the training team as well as solicited input from CoPs and individual advocates.

It is suggested that one compensation and one welfare seminar be offered each year in a location based on interest/activity. The program should be no more than one day in length.

Rather than having one national ‘event’ it may be more appropriate for each RMG (in consultation with their CoP) to offer an annual compensation and welfare event. This could add a rich dimension to the national program.

The on-demand product should allow for multiple visits and give the viewer the option of viewing particular segments in the program.

Webinar:

Webinars are a particularly useful means of dealing with one ‘issue’ in a short time-frame – in a seminar format – allowing for both an instructional presentation and a Q&A session. Webinars are usually short: up to two hours in length. They are generally interactive with participants logging-on to be come part of a virtual audience.

Some government departments already make excellent use of this technology/medium.
On-line video tutorial:

In its simplest form, the on-line tutorial is a pre-recorded video presentation. The presenter will be determined by the content and could include ATDP learning facilitators, DVA staff, an experienced advocate (eg senior mentor) or an ‘external’ expert. This format is usually brief, say about 20 minutes maximum and deals with one issue.

Tutorials are suitable for all levels and both disciplines and can be viewed ‘on-demand’ through the ATDP website at a time of the advocate’s choosing.

On-line PowerPoint tutorial:

This is similar in purpose and content to the video version except that the information is imparted via a PowerPoint presentation with a voice-over.

Examples of this type of presentation already exist on the ATDP website – courtesy of ATDP’s remarkable Training Manager!

On-line quiz:

In this option, an advocate accesses a battery of on-line multiple-choice quizzes which are suitable to her/his level and discipline. The test is ‘open book’. Which quiz questions are presented within the level/discipline is determined on a random basis. The number of questions can be limited to, say, ten per session.

It is not recommended that the advocate be required to obtain a pass mark. If an incorrect response is selected, the correct response is revealed and explained – presenting an encouraging and positive learning opportunity.

This option is suitable to advocates at all levels within both disciplines.

On-line case study:

Here, the advocate elects to undertake a case-study appropriate to their level and discipline. This option is an ‘open book’ experience designed to allow the advocate to assess their reaction to a particular situation.

Multiple choice questionnaires based on the specific case study can be used to ‘guide’ the advocate in a similar manner to the on-line quiz.

It is essential that case studies be purposely designed to reinforce recent changes in the statutory and policy framework.

Whilst the advocate may be required to identify/select a particular piece of documentation, it is not proposed that the case study require the submission of claims/application forms or other documentation.
Successful completion of a ‘specialist’ course:

Although ATDP offers a ‘single pathway’ training model, there are a number of circumstances in which ‘specialist’ face-to-face training may be the most appropriate option.

The first flows from the acceptance that ATDP is a service provider. Here, a CoP or an ESO should be able to request a one-off or individually targeted training package dealing with a particular topic or aspect of advocacy.

It could be argued that the content of the ‘single pathway’ should do away with the need for such offerings. This response may be technically correct. But if the requesting organisation can show reasonable justification for the development and delivery of such a course in terms of service delivery outcomes, then it is argued that the technically correct response is flawed. An example could involve a topic which, although dealt with in the ‘single pathway’, requires a more in-depth ‘treatment’ than is provided for in the initial professional development.

A second need for a ‘specialist’ course could be generated by the introduction of a major new piece of legislation (ie DRC A) or policy objective which cannot be adequately addressed via the tutorial options outlined above. These courses would in effect be a ‘one-off’, as amendments to the training program (IDP) would render them obsolete.

The third is the need for ‘in-service’ training programs which reinforce issues covered in the initial on-line and consolidation phase but which need to be reinforced from time to time. Prime examples are those issues dealing with the welfare of the advocate such as ‘burn-out’ stress management and debriefing. These types of courses are common, and indeed mandatory in some instances, in most professions.

Because such opportunities do arise outside of the registered training model, a nationally recognised ASQA qualification cannot be offered.

As a person who completes such a course can’t be assessed as competent within the ATDP/ASQA framework, an ESO cannot authorise that person to practice as an ‘ATDP qualified advocate’. Authorisation by an ESO can only occur where the advocate has been determined to be competent through ATDP ‘single pathway’ system.

Such a proposal raises the question of ‘who pays”? It is suggested that the ‘requesting’ agency be required to contribute a reasonable proportion of the development and delivery costs of the course sought. However, the amount required should not be so high as to ‘scuttle’ the project. If this happens, it is the member or former member and her/his dependants who suffer.

Attendance at a CoP forum:

Here, an advocate registers for and attends a forum arranged by their local CoP.

This option has the potential to enhance the synergistic relationship between the CoP and CPD and build collegiality within the CoP itself.

The focus, form and periodicity of the forum is determined by the CoP and its members.
This option is suitable for all levels in both disciplines.

**National on-line chat-room:**

This option supports the concept of a nationally moderated CoP; an on-line forum in which advocates can raise, debate and resolve matters of interest to the community of practitioners.

The advocate gains points by logging onto the chat-room on the ATDP website.

Again, this option is suitable for all levels and disciplines.

**Formal assessment:**

This option is perhaps controversial.

As part of a CPDP, ATDP could require practitioners to perform a specified number of activities (eg interviews, claims lodged, appeals ‘run’ or welfare interventions initiated).

However, it is argued that the disparate nature of each advocate’s circumstances makes such a requirement impracticable and potentially discriminatory. It is to be hoped that as ‘new’ technologies are embraced by practitioners, virtual ‘practices’ (or veteran support systems) will develop in which advocates in busy city centres can share caseloads with advocates in rural and regional areas. A major benefit of this paradigm is that waiting times in city centres can be reduced.

The adoption of a formal assessment in a CPD has, as its conceptual foundation, the notion that an advocate should be able to demonstrate that, through practice and professional development (including self-directed activity), they have developed and maintained the requisite skill set to practice at their level within their discipline.

The model suggested here is that an advocate could seek re-assessment at their level within their discipline. The assessment would be conducted by an ATDP assessor accredited by the Registered Training Organisation (RTO). It is analogous to undertaking recognition of prior learning (RPL).

It is absolutely essential to understand that the focus of a CPD assessment is not to determine whether the advocate is competent to practice at a particular level within a discipline.

Rather, the assessment should focus on the extent to which the candidate has used the other available professional development options to maintain and grow their professional knowledge and expertise.

No qualification attaches to a successfully completed formal assessment.
**Repeating on-line course components:**

This option gives the advocate the opportunity to re-enrol in and complete the on-line training component of their current level.

The theory is, that by repeating this component of learning, the advocate will reinforce their existing knowledge base and learn of changes in the operational environment.

Obviously, this option is viable only when the on-line courses are updated regularly and in a timely manner to reflect legislative, policy and other changes.

**Self directed learning:**

Self directed learning (SDL) relies on the practitioner’s self-motivation to bolster their professional knowledge and skills set in the belief that in doing so, they will be better placed to meet the needs of their client. SDL is the very foundation of any CPDP.

For ATDP advocates, examples of SDL include perusing recent decisions of the Administrative Appeals Tribunal (AAT), the Federal Court or High Court on Austlii, making oneself aware of policy changes by accessing CLIK¹ or using the internet to research welfare support systems within the community.

To be useful to ATDP, the CFMG could require that all advocates must undertake a specified number of hours of SDL in a defined period.

However, complexities generated by the accounting and reporting processes render the use of SDL as an ATDP CPDP option impracticable.

The absolute necessity of SDL must be introduced in the IPD – and particularly reinforced during the mentoring process.

**Pitching options to the appropriate level:**

It is important that advocates undertaking PD opportunities can do so at a level which is commensurate with their level of competency. For example, a Level I advocate should not be required to attempt a Level II case study any more than a Level II should be confronted with Level I material.

To remedy this situation, it is recommended that, where possible, material be moderated and arranged on the OMS such that advocates can choose the level suited to them.

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¹ ATDP is a joint venture partnership in which DVA is an integral participant. The Department should, in fulfilling its role, ‘advertise’ policy and other administrative changes on the ATDP website. This could involve something as simple as using that same advices that are provided to departmental officers. However, this topic is not strictly relevant to the purpose of this paper.
It is also recommended that on-line activities be ‘rated’ as being suitable for a specific level or range of competencies. This will allow advocates to more appropriately target their PD activities.

**National consistency versus regional flexibility:**

There is great scope for events such as seminars, CoP forums and specialist (non-ADTP) courses to be managed from within the regions – at a regional or state level.

This should be encouraged such that the program is flexible enough to meet the greatest needs in an efficient and effective manner.

One overriding concern is that if such locally arranged events are to be part of the ATDP program (and thus earn points), they must be consistent with a national standard.

That ‘standard’ should be developed by the National Training Manager (in consultation with the RTO), ratified by the CFMG and issued to the RMs as part of the ATDP quality assurance (QA) framework.

Prior to any regionally based program being ‘uploaded’ to the OMS, it must be a requirement that the Regional Manager certify in writing that the event is compliant with the national standard. That certification should include the National Training Manager as an addressee and be kept on file within the region for QA audit if required.

**Currency of knowledge/skills:**

The very purpose of a CPDP is to ensure that advocates maintain currency in their knowledge/skill set in the practice environment.

As a consequence, there needs to be some temporal aspect to the program. Although VITA refers obliquely to such a requirement, no time-frame is stipulated. This however, should not prevent ATDP from imposing its own time-frames: subject to their not being in conflict with VITA.

To this end, it is proposed that to retain ‘currency’ – ie to meet the ATDP mandated requirements for the CPDP, an advocate must accrue a minimum of 50 points over any three calendar year period. In addition, each practitioner should be required to accumulate a minimum of 15 points in any one year. The latter requirement is to facilitate continuing learning and prevent ‘binge’ learning as the mandated expiry date looms.

In effect, this means that, except in the first three years of the program or the first 3 years of initial qualification, an advocate must have a ‘rolling’ total of 50 points. Notwithstanding this provision, s/he must have a minimum of 15 points in any year.

It is not proposed that a maximum number of points be adopted. To do so could give the notion that only a limited amount of CPD can be undertaken. This would be counterproductive. Advocates should be able to undertake the amount of CPD they determine – provided they achieve the minimum requirement. Having no maximum could
allow an advocate to achieve their 50 points in one year. But, the requirement that they undertake a minimum of 15 points in any one year prevents advocates from ‘resting’ from their CPD for two years.

The system should also be capable of accommodating advocates who wish to take time out from advocacy for personal reasons (eg travel or family) or professional reasons (eg ‘burnout’). Although the advocate might be taking time out, the need to maintain currency in knowledge and skills does not pause. It is suggested that the requirement to attain 15 points in a year to keep up with changes in the work environment is not odious or excessive. Indeed, that investment in time will be to the advocate’s advantage obviating a (perhaps) burdensome ‘catch-up’; the prospect of which might work against the advocate’s motivation to return.

**Compulsion & sanction:**

This discussion raises some difficult issues.

This paper strongly recommends that CFMG does determine that undertaking a CPDP is a required element of practice.

If the CFMG does implement this recommendation, then it is axiomatic that there should be some form of sanction for non compliance.

The most appropriate sanction for not undertaking the required level of CPD is that the advocate should not be allowed to continue practice; thereby protecting the best interests of the ‘client’.

However, there is no means by which a person can be ‘banned’ from offering her or his services as a compensation or welfare advocate in the broader community.

In the ‘outside’ environment, practitioners strive to obtain and maintain membership of their chosen professional/collegial body. Potential clients are encouraged to seek out and only employ practitioners who are accredited members of such bodies.

In a similar vein, all ATDP stakeholders should reinforce the proposition that a person seeking assistance in the military compensation and welfare sphere should, in their own best interest, seek out an ESO authorised advocate.

ESOs determine whether an advocate is authorised to practice. ATDP has no role in this process.

Therefore, if an ESO is made aware that one of its authorised advocates has failed to undertake the required level of CPD, then the ESO should take some action both in its own self interest and in the interests of the ‘client’. That is the sanction.

The action taken by the ESO need not be an automatic withdrawal of the advocate’s authorisation. Such a step could be counterproductive and, in some circumstances, excessive. Yet, it is argued that there must be some administrative action if the needs of the ‘client’ are
seen as paramount. That action can include having the advocate work under the direction of a mentor, or using their knowledge and skills in a manner which does not involve direct client advice until the shortcoming is overcome. There are many options.

But, unless there is some form of administrative response, advocates who are not self motivated may simply ignore the CPDP altogether.

**ATDP’s role in CPD:**

It is suggested that ATDP’s role is to:

- Devise the CPD model;
- Facilitate the CPD options;
- Record an advocate’s participation; and
- Report that participation to the authorising ESO

**ATDP overheads:**

**Administration**

The most significant ‘cost’ to ATDP will be in administration. The program would be required to:

- Identify options
- Prepare/develop/maintain materials (e.g. videos, voiceover PowerPoints, podcasts, seminars/webinars;
- Schedule ‘events’ – including venues if appropriate;
- Advertise products broadly within the CoP;
- Facilitate and record registration; and
- Report to ATDP and ESOs.

The first three issues will make a material contribution to the workload of the National Training Manager and his team nationally.

The last three functions will involve a significant investment is broadening the application of ATDP’s on-line management system (OMS).

There is a further requirement which might be difficult to achieve – primarily because ATDP has no control over it. That is, the OMS must contain a real-time table (or register) of all ATDP ‘accredited’ advocates who are authorised to practice on behalf of the ESOs associated with ATDP. Without this, points can’t be allotted nor reports made.

**Finance**
It simply is not possible to estimate the financial cost to ATDP of this CPDP.

Of necessity, its funding will need to be considered in the overall training budget. The ‘trick’ will be to balance the cost of IPDP and the CPDP.

The innovative use of delivery technology should however help to keep costs to a minimum – and please cost conscious ESOs!

**Implementation:**

It has to be recognised that current advocates may greet the introduction of a mandatory CPDP with abhorrence. Indeed, a CPDP could be greeted more controversially than ATDP itself.

Therefore it is strongly recommended that the implementation of the CPDP be very carefully managed in terms of change management. Failure could result in widespread resignations – and ATDP can ill afford to lose its volunteer base. Having said that, there must be an acceptance that some currently authorised advocates will resign rather than accept a system they (in their view) managed quite well without for (in some cases) decades.

Introduction of the program would best be ‘managed’ through the Regional Management Groups and the CoPs. In this way, the messenger (those advocating change) is known to the advocate and seen as less of a threat and not some pooh-bah from the big smoke.

As with the introduction of the ATDP, it will be absolutely essential to have the willing cooperation of the ESOs. Without that, the CPDP will be a failure: no sanction will exist. A separate change strategy should be developed for this activity. Again, it is recommended that this process be managed by the relevant Regional Management Board (RMB).

Any change program must have at least the following characteristics:

- It must be developed and managed by the CFMG;
- The OMS development must be complete; and
- Examples of the options must be in place for demonstration purposes.

Implementation of the CPDP must also be seen within the overall context of ATDP’s roll-out and ongoing development. Priorities – psychological, practical and administrative (including costs) – will have to be drawn up. This also includes the rate and scope of change that existing advocates can manage.

2017 is going to be a very busy year – particularly for those who are involved in the ongoing development of ATDP and whose efforts will be pivotal in the development and roll-out of the CPDP.

Without further discussion with ‘significant others’ no time frame is recommended in this paper; but 12 months would not seem unreasonable.

**Oversight:**
This paper recommends that the program be managed by the National Training Manager as an integral part of the overall ATDP training program. Oversight of the program should vest with the CFMG—a forum in which each program partner—and the RMGs—can resolve matters of national import.

Regional Managers will have the responsibility for monitoring the PD program within their area of responsibility, thus providing an invaluable feedback conduit to the CFMG.

The risk factor:

It is appropriate to raise a potential ‘risk’ at this time: most particularly if ATDP moves to a primarily on-line CPDP. Through the OMS, ATDP can record the registration of advocates in CPD activities. However, without implementing another significant level of complexity, the system may not be able to record ‘successful completion’.

For example, it can’t be guaranteed that an advocate logged-on to an on-line video on welfare services will actually watch it and absorb the information portrayed. It will be necessary to rely on the self-motivation of the advocate concerned (inculcated in the IDP, stressed in the mentoring phase and reinforced in the CoP) to infer that the program was undertaken ‘in good faith’, rather than registration made just to accrue the points.

But this is a risk in all non-assessed CPDPs. There can be no guarantee that a professional attending a CPD event on the Gold Coast physically attends panel discussion—or even remains awake during them!

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IMPLEMENTING THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM FOR ATDP ADVOCATES
Introduction:

At its March 2017 meeting, the CFMG may adopt, in principle, the establishment of a continuing professional development program (PDP) for ATDP advocates.

The program is based on a requirement that advocates accrue points for undertaking a range of learning activities over a ‘rolling’ 3 year period; with a minimum number of points to be accrued in any one year.

The PDP concept represents a seismic shift in the way advocates practice. Its implementation will be a significant way-point in the roll-out of the ATDP. It will hold the key to achieving the ATDP’s Blueprint vision of training and developing practitioners to provide high quality advocacy services.

The introduction of the PDP must be seen as a process of significant change – and managed accordingly. This challenge is complicated because it is occurring within the change process involving the introduction of ATDP itself. The PDP’s introduction must therefore be carefully planned such that perceptions reflect reality.

The Regional Management Groups (RMGs) and their Communities of Practice (CoPs) will play a pivotal role in the change process.

This paper is designed to explore appropriate strategies for implementing the PDP. The first section deals with process. The final part deals with a suggested timetable.

Part I

The change process:

This section deals with two essential components of change management: preparation and moving to a new paradigm. The section is further sub-divided into the environment and systems. Critical to these processes is the development and dissemination of clear and factual information and the capacity to ‘show case’ the finished article.

The environment:

The environment is defined by the major ‘players’ who will be affected by, or who are necessary to implement the change. Strategies must be developed which will help them to identify with their place in the ‘new order’, to ‘let go’ the present and move towards the new desired state.

The principal organisational groups can be subdivided into those within the ATDP umbrella and those external entities with whom the ATDP interacts and upon whose cooperation the success of ATDP is reliant.
The external forces:

ATDP is a joint partnership between the community of Ex-Service Organisations (ESOs), the Department of Veterans’ Affairs (DVA), the Department of Defence and the Veterans’ Training and Indemnity Association (VITA).

ESOs:

Without meaning to downplay the importance of the others, the key partners in the implementation of the program are the ESOs.

It is fair to say that ESOs (as organisations) have, in the past, been content to follow a ‘hands off’ approach to advocacy training. It was left in the capable hands of the Training and Information Program (TIP).

There is credible evidence to suggest that ATDP is struggling to find traction in establishing workable and reliable channels of communication within ESOs.

Often, the flow of information intended for the ESOs generally – and their advocates – is filtered out by ‘gate keepers’. It is possible that the ‘gate keepers’ are of the view that ATDP (through the CFMG and RMGs) are responsible for information dissemination. ESOs must be made aware that this is a false and dangerous assumption.

Under the ATDP model, it is the ESOs which are responsible for recruiting and vetting potential advocates, managing their on-the-job mentoring and training and authorising them to practice.

ESOs have an additional and fundamentally important role in the PDP. It is they, acting in the best interests of the client, who must deal with advocates who do not meet the PDP criteria. Without the ESOs’ total commitment to the PD program, it will be significantly jeopardised.

ATDP’s interaction with ESOs at the national level through forums such as ESORT simply isn’t working. To overcome this, ATDP must create a new and specific network with ESOs at the operational rather than purely administrative level. And that network must be closer to the ‘coal face’.

To achieve this, ATDP should ask ESOs to nominate a person at the state, or regional level who will be responsible to the state executive for ATDP matters – including the dissemination of information to individual advocates and the sub-branch, sub-section level. Those people should ‘automatically’ be made members of the RMGs – or at the very least ex-officio members. ESOs making such a nomination should become ATDP ‘affiliated’.

An information session/briefing should be provided exclusively to these nominees. The exclusivity is based on the fact that the message presented, and the matters discussed will be unique to that linkage. To better ensure connectedness, these seminars should be conducted by the RMGs. The event should cover an overview of the PDP and the role of, and options open to ESOs within that program. The outcomes should include not just an understanding,
but a commitment by the ESO. Putting the needs and interests of the client first, ATDP should not restrict ‘Affiliation’ to those ESOs on the ESORT.

A nationally consistent PowerPoint program/video presentation should be developed for this purpose.

In the recent past, attempts have been made to have ESOs provide ATDP with a list of authorised practitioners; a request which has met with varying degrees of success. This is burdensome for both parties, and as will be explained later in this paper, is not considered necessary.

The internal forces:

RMGs:

The RMGs will become the face of ATDP – the go-to people. Their involvement in the implementation of the PD program cannot be overstated. It is they who will drive the process of change.

Through their membership of the CFMG, it is expected that Regional Managers (RMs) will, in the beginning at least (and through regular contact), keep RMGs abreast of developments in PDP – from both a conceptual and operational perspective.

CoPs:

A Community of Practice (CoP) is broadly defined as the college of practitioners and ‘influential’ others with an interest in the provision of excellence in service to serving and former members of the ADF and their dependents. Examples of the latter could include health professionals and providers of community services (charitable or government).

This paper deals with them as separate entities.

Practitioners are defined as advocates, mentors and assessors. It is upon this category that change will impact the most. They must be ‘front and centre’ in designing the change process.

It is proposed that two stages be utilised in carrying these volunteers forward.

The first is a nationally consistent general overview of the PDP focussing on how the program works and how it will benefit both the practitioner and the client. It is here that the status quo must be questioned and how it can be developed to the benefit of all concerned. This is part of the ’letting go’ process.

It must be marketed simply as a ‘heads –up’ and a process through which invaluable feedback can be obtained to the benefit of the program’s development. This stage is about garnering support.
Again, these sessions should be conducted by the RMGs.

There are bound to be questions asking for more detail. But, at this stage it must be made clear that there will be workshops and training sessions which will enable the practitioner to become conversant with the system and its processes.

This then is the second stage for practitioners: face to face learning utilising interaction with a training version of the system. It is proposed that this session be conducted by accredited ATDP trainer/presenters who are familiar with the system and who are known and generally respected by the body of practitioners. This is an important aspect because, on an ongoing basis, as new advocates join the ranks, the initial development process will involve an introduction to the PDP.

In respect of the ‘significant others’ involved in the CoPs, the general overview presentation previously alluded to could be made – again by the RMG. These people can be valuable ‘influencers’.

**Presenters/facilitators:**

It is this group, under the guidance of the National Training Manager (NTM) who will be the PDP’s engine room. It greatly expands their traditional role.

Their input will be twofold. Firstly, they will be responsible for providing advocates with the skills and knowledge necessary to use the program.

Secondly, through a moderation process, they will be responsible for developing and uploading much of the on-line material – including cases studies and multiple choice questions. Their skill set will also extend to making video recordings of seminars and tutorials and uploading these to the system for access by advocates.

It is proposed that this group be included in the initial general introduction given to the CoP by the RMG.

It will then be necessary for the body of trainer/presenters to develop a training package which will be used to up-skill the advocates and act as a platform for inclusion in the Level 1 training packages.

In effect, trainers/facilitators have two training needs. Firstly, to be able to use the system themselves and then impart that knowledge and skill to others.

Secondly, to maintain and update the program’s educational library. This will require a separate training initiative.

It is stressed that the PDP system must be developed and operational before the training effort commences.
The system:

The system is defined as the on-line management system (OMS) which underpins the PDP – and indeed the entire ATDP.

At the basic level, to service the PDP, the OMS must have at least the following capabilities:

- To facilitate training in using the system for new advocates;
- To hold the library of PD activities;
- To facilitate access by advocates participating in the program;
- To record advocate activity; and
- To provide reports including advocate activity statements to the relevant ESOs.

This paper is not intended as a dissertation on systems analysis and design and the management of relational databases. ATDP is well served in that respect!

One of the primary ‘tables’ in the OMS will contain information about the advocate. Using the advocate’s USI as the key, it should hold the advocate’s ‘profile’ – including the advocate’s authorising ESO (which must be a mandatory field). It is recommended that advocates should be required to populate this information on joining ATDP (and thus the PDP) and be able to modify it as required over time. Thus, the responsibility for accurately recording which advocate is authorised by which ESO becomes the responsibility of the advocate.

The advocate’s profile then should, at a minimum, contain the following fields:

USI  
Surname*  
Given Name(s)*  
Email address*  
Authorising ESO*  
ATDP Training history  
PDP history  
PDP points YTD  
PDP points last 3 years

* Fields updatable by advocate

This paper suggests that the PDP OMS should be developed to include a training module separate to the operational version. It is argued that such an investment is worthwhile as it will form the basis for the initial training of current advocates and can be embedded in the Level I compensation and welfare courses for new inductees.

Developing the OMS will be a substantial work effort. Subject to the advice of the systems manager, it may be worthwhile ‘sub-contracting’ the programming effort to a third party – eg DVA’s ITC department.

It is essential, that the PDP OMS be operational prior to the training provided to the presenter/trainers.
## Part II: A suggested time-table

<table>
<thead>
<tr>
<th>Mar 17</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 18</th>
</tr>
</thead>
</table>

- **Endorsement by CFMG**
- Develop & test PDP OMS
- Develop training packages
- Establish ESO networks
- Develop ESO & CoP presentations
- ESO presentations
- CoP presentations
- Train the trainer
- Advocate training
- Go live
Introduction:

ATDP’s continuing professional development (CPD) program has been developed to assist both compensation and welfare advocates to maintain and expand their professional knowledge and skill sets.

It is a points-based system in which advocates are required to attain 15 CPD points per year and 50 points over a 3 year rolling period. Points are earned by undertaking a range of activities – including case studies and ‘short answer’ questions. Short answer questions include true/false and multiple choice. These exercises are ‘stored’ in the OMS CPD library.

Advocates log-on to the CPD portal on the ATDP website, then select the case study or short answer question options. The advocate is presented with a case study involving or six short answer questions.

The OMS will ‘know’ the level to which the advocate has been trained, so a Level IV compensation advocate can’t elect Level I!

The advocate will earn 10 points for successfully completing a case study and 5 points for the short answer option. The advocate’s CPD activity is recorded on the OMS.

The task now is to draft the questions and case studies to be used in the library. Whilst there may be a large reservoir of material at welfare and compensation Levels I and II which can be adapted for CPD, there is a great gap at compensation Levels III and IV.

It is proposed that we follow the following routine:

- Regional CPD leaders recruit a team of experienced welfare and compensation trainers/advocates;
- Questions are submitted by discipline and level in turn (eg welfare/compensation Levels I followed by Levels II etc);
- Questions are uploaded to the OMS and moderated by the National Training Manager and his/her team;
- Questions are ‘loaded’ into the OMS CPD system.

As a guide, case studies/short answer questions should comply with the following principles:

- Be targeted to welfare or compensation;
- Be ‘divided’ into levels (eg I, II, III or IV)
- Should require/encourage the advocate to access appropriate resource material eg:
  - pension/welfare officer’s handbook;
  - CLIK;
- SoPs;
- Austlii;
- Creyke & Sutherland;
- Sutherland & Ballard;
- a medical dictionary;
- Internet resources;
- Legislation (eg MRCA, VEA, SRCA and others such as AAT Act)
- VRB and AAT practice directions.

- ‘Teach & guide’ rather than trick;
- Require simple and verifiable answers – no long written answers.
- Provide guidance for correct responses – remembering that this is a teaching platform;
- Be self-contained – in that no further information is required to answer the questions;
- Avoid redundancy – for example changes in legislation etc;
- Be developed for the introduction of new legislation or policy;
- Avoid ambiguity;
- Be moderated – that is subjected to a process which ensures consistency for level, discipline and degree of difficulty;
- Refer advocates to relevant resources;
- May be appropriate to two Levels (eg compensation III & IV or welfare I & II;
- Are not a pass/fail examination;
- Must be compatible with on-line management & usage

EXAMPLES:

The following examples are provided by way of illustration:

**Compensation Level I – Welfare Level I**

**Short answer T/F**

A DVA ‘Gold’ card is automatically transferred to a widow/widower when the card holder dies.

(T) – Incorrect.

(F) – Correct. A widow or widower is only entitled to the issue of a ‘Gold’ card if she/he is granted War Widow(er) status.

**Compensation Level II**

**Short answer – multiple choice:**
For the purposes of MRCA and VEA, a moderate to severe traumatic brain injury can be caused by:

(a) the head being struck by an object;
(b) the brain undergoing an acceleration or deceleration movement without direct external trauma;
(c) experiencing excessive ‘G-forces’;
(d) (a) and (b);
(e) (b) and (c).

Compensation Level IV

The requirement that DVA act as a ‘model litigant’ in AAT ADR proceedings is contained in:

(a) MRCA & SRCA (incorrect)
(c) Administrative Appeals Tribunal Act 1975 (incorrect)
(d) National Partnership Agreement on Legal Assistance Services; (incorrect)
or
(e) The War Veterans’ Legal Aid Scheme (incorrect).

Compensation Level III

Case study:

Charles DUTROIS

‘Frenchy’ Dutrois enlisted in the Australian Army in February 1986. He served with the Engineers until he retired as a WOII in January 2006.

During his service, ‘Frenchy’ served in:

• Namibia between February and December 1989;
• Cambodia between May and July 1993;
• East Timor (Operation Tanager) between February and December 2000; and
• Afghanistan (Operation Slipper) between June 2001 and February 2002.

The remainder of ‘Frenchy’s’ service was undertaken in Australia on routine matters, training exercises and training new Engineers in surveying work.

In May 2000, ‘Frenchy’ was involved in a motor vehicle accident whilst travelling to work at his military base in Darwin. He was thrown around in the vehicle when it rolled several times
– his seatbelt saved his life. He was not hospitalised, but has suffered increasingly debilitating pain in his lumbar spine and neck ever since.

‘Frenchy’ has obtained a significant amount of medical opinion which clearly indicates that his back and neck problems are a direct result of his car accident in 2000.

A medico-legal orthopaedic specialist has provided the following assessment of ‘Frenchy’s’ conditions:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Impairment rating (points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of movement – cervical spine</td>
<td>5</td>
</tr>
<tr>
<td>Loss of movement – lumbar spine</td>
<td>20</td>
</tr>
<tr>
<td>Neurological damage</td>
<td>5</td>
</tr>
<tr>
<td>Pain</td>
<td>5</td>
</tr>
<tr>
<td>Suffering</td>
<td>3</td>
</tr>
<tr>
<td>Personal/social relationships</td>
<td>2</td>
</tr>
<tr>
<td>Mobility</td>
<td>3</td>
</tr>
<tr>
<td>Recreation/community/leisure activities</td>
<td>3</td>
</tr>
<tr>
<td>Domestic activities</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td>0</td>
</tr>
<tr>
<td>Loss of life expectation</td>
<td>0</td>
</tr>
<tr>
<td>Reliance on diet, medical equipment etc</td>
<td>0</td>
</tr>
</tbody>
</table>

**Questions:**

At the time of the accident, for compensation purposes, ‘Frenchy’ was covered by

- MRCA (incorrect)
- VEA (incorrect)
- VEA & SRCA (correct refer to Part A. 13 of the Repatriation Handbook)
- SRCA (incorrect)

The ‘whole of person’ impairment rating would be the same regardless of the legislation:

- True (correct – the ratings are uniformly 28 impairment points)
- False (incorrect)

Under SRCA, the reasonable percentage for non-economic loss would be 60%

- True (incorrect)
False (correct – the reasonable percentage for the second half maximum for non-economic loss would be 65% - see page 283 of Part 2 of the Guide to the Assessment of the Degree of Permanent Impairment (the ‘PIG’))

Given that the injury occurred in ‘peace time’ the permanent impairment compensation under MRCA (if it applied in this case) would be 0.164.

True (correct – refer to GARP(M) table 23.2: the medical impairment = 28 points and the lifestyle rating = 2)
False (incorrect)

Compensation Level III

Mervin GOLLINGS

Mervin was discharged from the RAAF at age-for-rank at a squadron leader in 2013.

Not long prior to his discharge, Mervin underwent a bilateral total knee replacement (TKR). The operation was performed at a private hospital in Canberra, and was arranged and paid for by the RAAF.

Within 2 days of the operation, after an ultrasound, Mervin was diagnosed with bilateral below the knee deep vein thrombosis (DVT). Within a month of surgery, he suffered a major pulmonary thromboembolism (PT).

The orthopaedic surgeon stated that it was ‘unfortunate’ that this had occurred. She also stated that no post-operative prophylactic measures to reduce the risk of DVT were taken.

Melvin is considering claiming compensation for recurrent DVT and PT.

Questions:

Melvin’s DVT and PT would be considered a ‘service injury or disease’ under the provisions of Section 27 of MRCA.

False (correct – the injury/disease would be deemed a ‘service injury or disease’ under section 29 of MRCA)

The applicable regulation under the Defence Act 1903 is Part 12A of The Defence Force Regulations 1952.
The standard of proof in Melvin’s case is ‘reasonable satisfaction’ to be assessed by reference to the relevant Repatriation Medical Authority Statement of Principles under section 339 of MRCA.

A useful precedent case would be *Wood v Military Rehabilitation & Compensation Commission* [2007] AATA 2097 (21 December 2007)
ELEMENTS FOR CPD PROCEDURE

The following actions will be undertaken to progress CPD:

- The joint RMG-CFMG CPD Task Group will:
  - develop the concepts and policies in this paper into a CPD model
  - develop a list of the SDL activities from which advocates and mentors can select readings that are approved as contributions to CPD;
  - determine the minimum number of hours per week that advocates will reasonably be expected to allocate to SDL;
  - as requested, support the NTM and RTO’s integration of CPD into any future development of 10620NAT towards advocates’ certification under VET legislation;
  - nominate the minimum number of points to be incorporated into CPD programs for SDL;
  - develop a standard format for advocates’ reflective journal;
  - ensure that CPD program requirements are understood by VITA and (as appropriate) reflected in VITA protocols;
  - develop for approval by the NTM:
    - the list of approved CPD activities,
    - the number of CPD points each activity will accrue,
    - a CPD policy to allow flexibility in extenuating circumstances, and
    - the process by which mentors will assess advocates’ SDL and the effectiveness for their practice of their informal activities and SDL;
  - develop recommendations for the OMS Manager on how the following will be most usefully recorded/lodged on the OMS – advocates’:
    - CPD points, and
    - CPD-related papers, publications and case studies;
  - monitor roll-out and operation of the CPD system on the basis of feedback from mentors; and
  - at agreed intervals, review the list of approved activities and specified points, and (if required) amend on the basis of experience and changing needs.

- The CFMG will promulgate in the Policy and Procedures Manual the CPD model and a table that lists:
  - approved CPD activities; and
  - number of points each formal activity accrues; and
  - maximum number of points that a mentor may award for the assessed:
    - level of integration of formal learnings into practice
- proportion of agreed SDL program that has been completed, and
effectiveness of SDL for practice; and
  - minimum number of CPD points to be accrued and period(s) on time
    within which advocates will be requied to accrue the points.
- CPD mentors will pay close attention to advocates’ SDL and encourage a level
  of engagement that exceeds the specified minimum level.

<table>
<thead>
<tr>
<th>Option</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication of an advocacy-relevant essay on a publically accessed medium.</td>
<td>15</td>
</tr>
<tr>
<td>Attendance at an ATDP or CoP seminar</td>
<td>10</td>
</tr>
<tr>
<td>On-demand access to a recorded ATDP seminar</td>
<td>5</td>
</tr>
<tr>
<td>Attendance at an ATDP webinar</td>
<td>10</td>
</tr>
<tr>
<td>Accessing an on-line video tutorial</td>
<td>5</td>
</tr>
<tr>
<td>Accessing an on-line PowerPoint tutorial</td>
<td>5</td>
</tr>
<tr>
<td>Undertaking an on-line quiz</td>
<td>5</td>
</tr>
<tr>
<td>Undertaking an on-line case study</td>
<td>10</td>
</tr>
<tr>
<td>Attendance at a ‘specialist’ ATDP course</td>
<td>5</td>
</tr>
<tr>
<td>Attendance at a CoP forum</td>
<td>10</td>
</tr>
<tr>
<td>Accessing ATDP’s on-line chat-room</td>
<td>5</td>
</tr>
<tr>
<td>Completion of an ATDP on-line formal course</td>
<td>5</td>
</tr>
<tr>
<td>Posting authoritative advocacy information on an on-line medium.</td>
<td>5</td>
</tr>
<tr>
<td>Utilising in case-work relevant legislation, legislative instruments and policy.</td>
<td>5</td>
</tr>
<tr>
<td>Utilising in case-work policy documents accessed via CLIK</td>
<td>5</td>
</tr>
<tr>
<td>Subscription to RMA Latest Investigations/ Reviews (once-only points).</td>
<td>5</td>
</tr>
<tr>
<td>Accessing RMA SOP amendment notices</td>
<td>5</td>
</tr>
<tr>
<td>Subscription to VeRBosity (once-only points).</td>
<td>5</td>
</tr>
<tr>
<td>Accessing VeRBosity articles</td>
<td>5</td>
</tr>
<tr>
<td>Accessing AAT, FCA, FCAC case law on the AustLII website.</td>
<td>5</td>
</tr>
<tr>
<td>Formal assessment</td>
<td>10</td>
</tr>
</tbody>
</table>

The above list should not be seen as exhaustive. Indeed, as the system matures and other options present themselves (based on professional need or technological opportunity), the offerings can be added to or reduced on either a planned or ad-hoc basis.

Administration

As CPD system will be supported by the secretariat but administered by volunteers, the objective is to minimise administrative overheads. This will be achieved by maximising the use of integrated IT systems. The major workload will fall on the following groups of volunteers:

- National Training Manager/National Training Team:
  - Prepare, develop and maintain national-level CPD materials.
  - Schedule and organise national CPD activities.
  - Support development of and monitor Regional/CoP-level CPD activities.
Facilitate advocates’ research, peer review and lodgement of CPD papers, publications and case studies.
Facilitate advocates’ registration and ensure the accuracy of CPD records.
Participate in a Report to ATDP and ESOs.

- Joint RMG-CFMG Task Group: See Progression above.
- Mentors: see the paper Mentoring Guidelines elsewhere on the OMS.

Cost Containment

Inevitably, cost will be powerful influence on VC/ESOs acceptance of CPD and its subsequent support. At least two cost mitigation strategies are clear:

- Most importantly, advocates must accept that they alone are responsible for their own professional development.
- Second, Regional Managers (supported by Regional Mentors working with CoP and Workplace Mentors) will encourage VC/ESOs executives to be innovative, maximising their support for on-line activities and advocates’ researching papers/publications/case studies.

Finance

Until experience is gained, the cost of the CPD system for DVA and VC/ESOs will rely on estimates. As highlighted in the discussion of Business Planning and Budgeting in the CFMG Policy and Procedures Manual, it is critical that:

- For ATDP:
  - estimated costs be:
    - identified by the NTM and Regional Managers, and
    - included in the CFMG annual business plan; and
  - at the end of each financial year, estimates correlated with actual expenditure.
- VC/ESOs:
  - maintain auditable records of their expenditure on their advocates’ CPD activities and CoP support, and
  - report their annual expenditure to the Regional Manager for inclusion in CFMG annual reports to the SGB.

This paper is not intended as a dissertation on systems analysis and design and the management of relational databases. ATDP is well served in that respect!

One of the primary ‘tables’ in the OMS will contain information about the advocate. Using the advocate’s USI as the key, it should hold the advocate’s ‘profile’ – including the advocate’s authorising ESO (which must be a mandatory field). It is recommended that advocates should be required to populate this information on joining ATDP (and thus the
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- PDP history
- PDP points YTD
- PDP points last 3 years

* Fields updatable by advocate

This paper suggests that the PDP OMS should be developed to include a training module separate to the operational version. It is argued that such an investment is worthwhile as it will form the basis for the initial training of current advocates and can be embedded in the Level I compensation and welfare courses for new inductees.

The probable OMS development timeframe has the following ramifications for CPD:

- Implementation of the CPD points system, on-line access to CPD formats, and lodgement on the OMS of and access to CPD materials and advocates’ reflective journals/papers/publications/case studies is a package. Roll-out will therefore not occur until the package is complete. Should unacceptable delays arise, the CFMG will review this policy.
- The probable period of time required for advocates to develop a habit of SDL (and the associated culture change) means that SDL should start immediately. From 01 July 2017:
  - Mentors will begin jointly developing CPD plans with advocates;
  - advocates will begin a self-directed program of CPD by:
    - accessing on-line documentation relevant to their professional discipline,
    - opening a database in the format developed by the joint CPD Task Group;
    - recording the material accessed and duration of each activity;
    - lodge their reflections on the relationship between the materials and their practice in their CPD database; and
• when the mentor starts jointly developing the advocate’s CPD plan, use the journal entries to indicate learnings to date and future needs.
CPD DEVELOPMENT TASKS

- Develop CPD 'handbook': on-line and downloadable
- Analyse & scope CPD module of OMS
- Develop CPD road-shows
- Develop 'beta' CPD module of OMS
- Develop training CPD module of OMS
- Run CPD road-shows
- Develop training package
- Train presenters
- Develop CPD options (e.g., case studies, etc.)
- Moderate CPD options (e.g., case studies, etc.)
- Train current advocates
- Upload CPD options to OMS
- Develop 'local' CPD options guidelines
- Liaise with stakeholders to gain input
- Develop CPD reporting procedures
- Embed training module into on-line learning module of OMS