

# CONTINUING PROFESSIONAL DEVELOPMENT

> Handbook

ROYAL AUSTRALASIAN COLLEGE  
of Medical Administrators

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## WELCOME FROM THE RACMA PRESIDENT

It is critical that all health care systems and medical professionals across Australasia are supported by the highest standard of qualified Medical Leadership and Management to enhance the health outcomes of patients, healthcare services, and the communities they serve.

RACMA is the only Specialist Medical College to provide specialist education, leadership, advice, and expertise in Medical Leadership and Management that promotes the delivery of high-quality, safe healthcare for all.

The strength of RACMA is its Members, who strive to lead for change and positive outcomes for all Australians, Aotearoa New Zealanders, and peoples in all parts of the world in which the Members practice, demonstrating their skills in key areas such as system leadership, clinical governance, financial management, workforce management, and professional leadership.

Our membership is spread across Australia, Aotearoa New Zealand, and other parts of the world, spanning public, private, military, and industry sectors. We have a broad reach and a significant influence.



It is RACMA which is taking the lead on setting the standard for excellence in Medical Leadership across Australasia.

**Professor Erwin Loh FRACMA**  
RACMA President

## A WORD FROM THE CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM COMMITTEE (CPDPC) CHAIRPERSON

Professional medical practice is founded on the goal of providing the best possible healthcare for patients and the community. Medicine is constantly evolving and to maintain our expertise, we must continue to develop professionally throughout our careers, from before we graduate until after we retire.

The Royal Australasian College of Medical Administrators (the College) strives to provide its Members with an environment and the resources that enable us to develop as doctors. It considers that undertaking Continuing Professional Development (CPD) is an essential requirement for medical administrators to sustain their skills. Consequently, the annual completion of the College CPD Program is a mandatory requirement for Fellows and Associate Fellows to maintain College membership (College Constitution, Sections 7.1 and 9.4-9.9).

By completing the program, Fellows also meet the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), for registration and recertification as specialist medical administrators.

This handbook describes the College's CPD program and provides examples of the types of activities that will help you in your professional development. The range of activities that are suitable for CPD is very wide and the suggestions in this handbook are not exhaustive. I encourage you to design and undertake the activities which will be of most benefit for your own professional development needs.

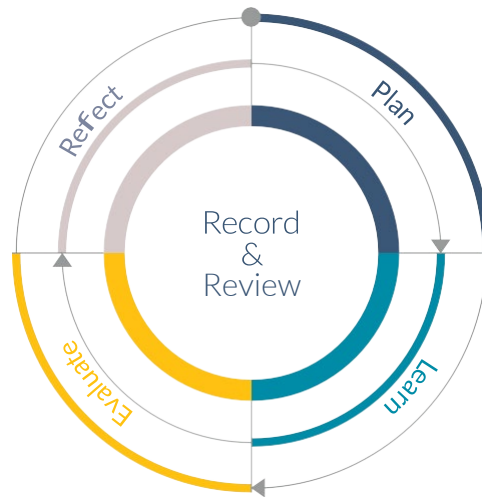
Maintaining and developing our skills as doctors is a valuable and fulfilling part of our professional life. The College, through the CPDPC, is eager to help us in this journey and, if you would like assistance, please do not hesitate to contact me or your jurisdictional CPD Coordinator via email at [cpd@racma.edu.au](mailto:cpd@racma.edu.au).



**Dr Greg Watters FRACMA**  
Chair – Continuing Professional Development Program Committee

# 1. OVERVIEW

This handbook outlines the requirements for Continuing Professional Development (CPD) for RACMA Fellows and Associate Fellows. These requirements are compliant with the professional performance framework of the Medical Board of Australia (MBA) and the recertification requirements of the Medical Council of New Zealand (MCNZ).



The strategic purpose of the handbook is to:

- Articulate clear expectations for CPD
- Map the RACMA CPD program to MBA and MCNZ requirements
- Inspire and support Members to participate in activities that will aid their professional development

If you require any assistance in completion of your CPD requirements, please contact the College office at [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

# 2. MANDATORY PARTICIPATION AND CPD COMPLIANCE

*Your CPD activities must relate to the College’s scope of practice and competencies for Medical Administrators.*

As a prerequisite for registration or recertification, the MCNZ and the MBA require practitioners to annually complete the program of a vocationally appropriate CPD “home” or provider. In Australia, the home must be accredited by the Australian Medical Council, and RACMA is accredited until at least 2024. In New Zealand, the College is accredited as the provider of CPD for doctors with a vocational scope of practice in Medical Administration.

In addition, participation in the RACMA CPD Program is a mandatory requirement for Fellows and Associate Fellows to maintain their membership of the College (RACMA Constitution, Sections 7.1 and 9.4-9.9) and all components of the RACMA CPD program are to be completed on an annual basis.

*Fellows with more than one specialty or scope of practice are required to complete a CPD program for every specialty in which they are registered.*

CPD compliance in specific situations:

- Registered Fellows and Associate Fellows working part-time or as locums are required to complete all the CPD program requirements
- Associate Fellows with general but not specialist registration may choose the College as their CPD home but are required to complete the same CPD requirements as Fellows
- Registered medical practitioners, who are not Members of the College but who work mainly in Medical Administration, may also choose the College as their CPD home and are required to complete the same CPD requirements as Fellows
- Retired Members of RACMA, who have non-practicing registration with MCNZ or MBA, may choose to undertake CPD activities; but the compliance requirements do not apply and there are no mandatory activities nor minimum hours required.

### 3. REQUIREMENTS

The MCNZ and MBA mandate the minimum CPD requirements for specialist registration and recertification.

- More details of the minimum standards set by the MBA for registration are available [here](#)
- More details of the minimum standards set by the MCNZ for recertification are available [here](#)

Within these broad frameworks, the College is required to construct and regulate a program which encourages its Members to achieve the greatest benefit from their CPD activities.

#### Australian and Aotearoa New Zealand Fellows

All Fellows must undertake a minimum of 50 hours of approved CPD activity per year.

Activities must be within a framework of cultural safety, health equity, and ethical and professional practice and be relevant to Medical Administration’s scope of practice and competencies.

Figure 1. Minimum hours of CPD activities for Fellows



Activities must include:

1. **A Professional Development Plan**
2. **An Annual Conversation** with a peer, colleague, or employer  
 The Professional Development Plan and Annual Conversation are each credited for the time taken to complete to a maximum of 5 hours in the Reviewing and Reflecting on Practice / Reviewing Performance category of CPD (Figure 1).
3. A mixture of activities in the following 3 categories (these categories are equivalent but given different titles by the MBA and MCNZ):
  - a. Category 1 – Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA)
  - b. Category 2 – Measuring and Improving Outcomes (MCNZ) / Measuring Outcomes (MBA)
  - c. Category 3 – Educational Activities (MCNZ & MBA)

This will include:

- **A minimum of a combined 25 hours across Category 1 – Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA) and Category 2 – Measuring and Improving Outcomes (MCNZ) / Measuring Outcomes (MBA)**  
 Members will decide the best mix for these activities to suit their development needs, with a minimum of 5 hours in each category.
- **A minimum of 12.5 hours from Category 3 – Educational Activities (MCNZ & MBA)**
- **The remaining 12.5 hours (and any hours in addition to the minimums) can be completed across any of the categories that best suit a Member's development needs**

The core components of the program interlink to provide a comprehensive CPD package which encourages practitioners to reflect on their practice and plan their activities according to their individual needs (Figure 2 courtesy of MCNZ).

Figure 2. Interaction of CPD activities



### Hong Kong Fellows

College Fellows registered and practicing in Hong Kong undertake CPD certification with the Hong Kong College of Community Medicine (HKCCM). Fellows are awarded a RACMA certificate of CPD compliance annually on completion of the HKCCM program.

As Hong Kong Fellows are not registered by the MBA or MCNZ, the regulatory requirements for registration are not applicable.

### Associate Fellows

Associate Fellows must achieve a minimum of 20 hours of approved CPD activity per annum including the submission of a Professional Development Plan, which is credited for a maximum of 5 hours. There are no mandated minimal hours for the categories of CPD activities.

Figure 3. Minimum hours of CPD activities for Associate Fellows

|  |                 |   |
|--|-----------------|---|
| <br>20 hours of CPD | maximum 5 hours |  Professional Development Plan   |
|  | 15 hours        |  CATEGORY 1<br><b>Reviewing Performance (MBA)</b><br>Reviewing and Reflecting on Practice (MCNZ) |
|  |                 |  CATEGORY 2<br><b>Measuring Outcomes (MBA)</b><br>Measuring and Improving Outcomes (MCNZ)        |
|  |                 |  CATEGORY 3<br><b>Educational Activities (MCNZ &amp; MBA)</b>                                    |

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## Associate Fellows with General Registration and Non-members of the College Working in Medical Administration

Associate Fellows with general registration and non-members of the College who work predominately in Medical Administration may choose RACMA as their CPD home or provider. They are required to complete the same program as Fellows to maintain their registration and recertification with MCNZ or MBA.

## Retired Members

Retired Members who are registered as **non-practicing**, may choose to undertake CPD activities but the compliance requirements do not apply, and no specific activities or minimum hours are mandated.

## Fellows with More than One Specialty or Scope of Practice

Registered medical practitioners are required to complete a CPD program for every specialty in which they are registered. This may require the doctor to nominate more than one CPD home or provider.

*For example, a FRACMA who is registered as both a Medical Administrator and cardiologist must meet the CPD standards in both specialties, and they would nominate both RACMA and RACP as their CPD homes.*

## CPD Activities with Other Colleges or Providers

CPD activities undertaken with other homes or providers may be entered into your MyRACMA record if they relate to leadership, management, or other RACMA competencies. Activities which do not relate to these competencies cannot be counted towards RACMA CPD.

For example, a course or presentation on medical leadership or management at a cardiology conference would meet the requirements of RACMA, but a course or presentation on advanced echocardiography would not.

**RACMA does not accept CPD certificates from other colleges as evidence of compliance with RACMA requirements.**

# 4. DOCUMENTING RACMA CPD ACTIVITIES

## 4.1 MyRACMA

Your CPD activities must be recorded in your MyRACMA dashboard. The CPD cycle is based on a calendar year from 1 January to 31 December. To ensure that you remember all your activities, it is recommended that they are entered throughout the year as they are undertaken. Members have until March of the following year to finalise their entries for the previous annual CPD cycle. MyRACMA can be accessed by logging into [MyRACMA](#) via computer, mobile phone, or tablet.

Some activities organised by the College (e.g., Annual Conference, monthly Member webinars, etc.) will be automatically logged on behalf of Members. The CPD hours associated with each of these activities will be displayed on the program or promotional materials with the RACMA CPD logo shown below in Figure 4.

Figure 4. RACMA CPD Logo



## 4.2 Evidence

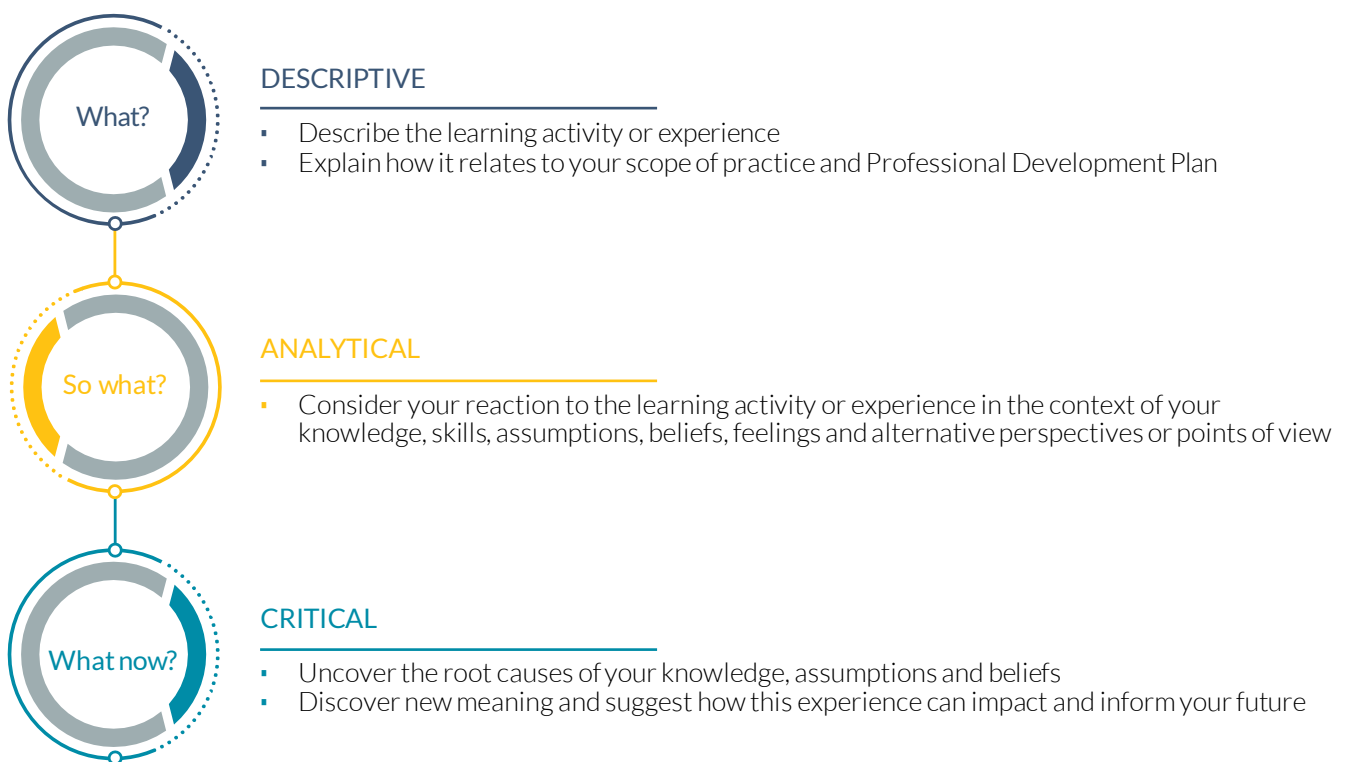
When recording CPD activities in MyRACMA, you must provide evidence describing the nature or outcome of your activity and/or a reflective statement indicating what you learned and how the activity changed your practice.

### 4.2.1 How do I write a reflective statement about a CPD activity?

A reflective statement should explain the relevance of the activity to your current scope of practice and your competence and performance as a health professional. It should explore your reaction to the activity. Did it help you, inform you, or challenge you? Then it should demonstrate whether the experience has informed your future practice or plans for further professional development. This is often referred to as the *What? So what? What now? approach*.

There are many frameworks available to support reflective practice and lifelong learning and a useful toolkit can be found [here](#). The following image highlights some of the questions to think about when writing a reflective statement in relation to your CPD activities.

Figure 5. Reflective questions



Other functions and resources within [MyRACMA](#):

- You can download and print your own CPD certificate once your annual record has been approved. Instructions are available on the website.
- You can download and print a summary of your CPD activities. This may be used as evidence if your CPD portfolio is audited by the MBA or MCNZ.
- A user-friendly dashboard on the landing page that shows how many hours you have achieved against each CPD category together with a YTD running total.
- A link to this handbook.
- Quick reference guides
  - » Updating password and personal details
  - » How to enter a new activity
- Downloadable templates
  - » Professional Development Plan
  - » Annual Conversation
  - » Regular practice review
  - » Audit reports



## 5. CPD CATEGORIES AND RESOURCES

### 5.1 Overview

Continuing Professional Development may take many forms and comprise many different activities. The RACMA CPD program recognises appropriate activities from diverse providers and of numerous types. This section provides examples of some CPD activities and the resources that may be used to achieve their completion and compliance; however, it is not exhaustive.

Your CPD portfolio should be tailored to your own development needs but undertaking a wide variety of activities, rather than just one or two, may allow for greater learning opportunities. Therefore, the College program suggests a maximum number of hours for each type of activity. These are recommendations rather than mandatory limits except for the Professional Development Plan and Annual Conversation, which are limited to five hours per year.

### 5.2 Cultural Safety, Professional and Ethical Practice, and Addressing Health Inequity

Within the systems and positions in which they work, doctors are advocates for their patients and clients. In this role they strive for equitable health outcomes for all communities, particularly communities that are socio-economically disadvantaged. Good medical practice is culturally safe, addresses health equity and is professional and ethical. The MCNZ and the MBA require that a practitioner's Continuing Professional Development is framed within these values.

Your CPD program should be reflective of the needs of all communities, but should explicitly include Aboriginal, Torres Strait Islander, and/or Māori health. Some of your CPD activities should allow for critical reflection on:

- Indigenous approaches to health
- The impacts of colonisation, racism, and bias on health outcomes
- The history, culture, and health of the Indigenous peoples of Australia and Aotearoa New Zealand
- Indigenous health outcomes including causes and responses<sup>1</sup>

Similarly, your CPD activities should reflect on the professionalism and ethics of your practice and address any identified issues.

There are many ways to demonstrate your compliance with this requirement including through targeted learning, undertaking an audit of the cultural safety of your practice and reviewing the health outcomes for First Nations and socio-economically disadvantaged groups in your geographical area.

Some useful resources include:

- RACMA has developed a [Reconciliation Action Plan \(RAP\)](#) to provide its Members with a structured and accountable approach to advancing reconciliation
- The Australian Indigenous Doctors Association (AIDA) provides courses in [cultural safety](#) and [cultural awareness](#)
- The [Mauriora](#) organisation provides courses on cultural competency specifically related to Māori health
- The Medical Board of Australia has published [Good medical practice: a code of conduct for doctors in Australia](#), which is a useful guide to ethical and culturally safe practice
- The Medical Council of New Zealand has also provided policies and resources on [cultural safety and health inequity](#)
- The [Australian Institute of Health and Welfare](#) publishes numerous resources on the issues of health inequity among many communities including LGBTQI+ and the disabled

### 5.3 Professional Development Plan (PDP)

Your annual PDP is the cornerstone of your continuing professional development. It is a mandatory requirement for RACMA CPD compliance, MCNZ recertification, and MBA registration. It will be credited with the time taken to develop, to a maximum of 5 hours annually, as a Category 1 — Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA) CPD activity.

Creating a PDP at the beginning of the CPD cycle serves as a guide to stimulate targeted learning and professional development over the next 12 months. The process should not in itself be a major undertaking, but it should be a 'road map' guiding the selection of relevant activities. Having a PDP ensures that your CPD is focused on the activities that will provide most benefit to you, based on your identified development needs. The PDP is most effective when it incorporates specific goals that are achievable, of high benefit and appropriate to your work setting.

<sup>1</sup>Australian Medical Council, Proposed Criteria for AMC Accreditation of CPD Homes

Developing a PDP begins with a reflection on all the facets of your practice as a medical administrator, including your strengths, weaknesses, and particular interests. From this reflection, you can construct a plan of proposed activities which is targeted at enhancing your abilities, addressing issues, and taking advantage of opportunities for practice improvement. The plan includes your expected outcomes from each activity and how these achievements will be measured.

It is not mandatory for PDPs to be discussed or reviewed within a peer group, however, many Members find input from colleagues helpful in refining their plans. A structured conversation with a peer, colleague, or employer is also a mandatory component of your CPD program and reflections on this conversation may help inform the formation and ongoing maintenance of your PDP.

The PDP is a dynamic document which should be reviewed throughout the year, to reappraise your progress and record successes and disappointments. These reviews may result in the PDP being revised to accommodate your changing learning requirements and outcomes. The PDP is not finalised until the end of the CPD cycle when a final review allows you to reflect on your progress and help develop your PDP for the next year.

Evidence that you have created a PDP must be documented in your MyRACMA portfolio. You may use the RACMA [template](#), which is also downloadable within MyRACMA and on the [College website](#).

Alternatively, you can upload a copy of the PDP outlining your development plans that you do with your employer through your annual performance review cycle.

In summary, developing a PDP can be seen as a cycle in four steps:

### 1. Reflect

- Review your PDP from the previous year
- Consider the results of your structured conversation or discussions with peers
- Reflect on current practice
- Identify gaps in practice

### 2. Plan

- Identify specific learning outcomes that will maximise your professional development over the next year and plan activities that are:
  - » Achievable
  - » Good value for time and money spent
  - » Appropriate to your practice

### 3. Do

- Do planned activities
- Evaluate successes and limitations
- Record in MyRACMA

### 4. Evaluate

- Review and reflect on the PDP including its successes and challenges
- Revise PDP to acknowledge changing development needs and CPD opportunities

Figure 6. The PDP Cycle



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## 5.4 Annual Conversation

An annual structured conversation with a colleague, employer, or mentor is a mandatory requirement of the RACMA CPD program. It is an excellent way to review and reflect on your practice and will be given a credit for the time taken to complete to a maximum of 5 hours as a Category 1 – Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA) CPD activity.

The conversation should include:

- Constructive feedback and sharing of best practice
- An opportunity to explore your satisfaction in your current role
- The setting of performance targets
- Reflections on your development needs
- Your goals for learning and professional activities for the next year
- A review of self-care and health and wellbeing issues
- Longer-term career aspirations

Evidence that you have had a conversation must be documented. There is a downloadable [template](#) within MyRACMA and on the College website which may be useful.

For many Members, the Annual Conversation will occur during a workplace performance review. It is appreciated that the documentation of this review may be confidential, and it is sufficient to note the date, place, and people involved in the conversation, including a summary of outcomes, actions, etc.

### Wellbeing

Awareness and care of your own wellbeing is a vital part of both your Professional Development Plan and your Annual Conversation.

Your CPD program provides you with an opportunity to reflect on your health and how you can achieve a work-life balance that is sustainable and beneficial to you, your patients, and employer.

The College has developed several resources which may be of help with your physical, mental and emotional wellbeing. The details are available on the [College website](#).

## 5.5 CPD ACTIVITY CATEGORY 1–

### Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA)

For FRACMAs a minimum of 5 hours and a combined minimum of 25 hours with Category 2 – Measuring and Improving Outcomes (MCNZ) / Measuring Outcomes (MBA) CPD activities is required.

These activities involve informal or formal reviews of your practice with feedback based on actual work processes. This includes working with colleagues, peers, co-workers, and/or patients to review, reflect, and learn about your practice.

This process may include processes that your employer advises or mandates such as an annual workplace performance review.

#### Mandatory Activities Included in this Category:

- **Professional Development Plan**
- **Annual Conversation**

#### Other Activities in this Category:

- **RACMA 360-degree Leadership Survey/Other Multi-source Feedback Tools**

Multi-source feedback surveys document the opinions formed from the direct observation of participant's performance from those who work with the participant, including managers, peers, and direct reports. This provides participants with information that is immediately useful in targeting areas for improvement and can be used to enable the identification and formulation of ongoing self-development activities.

RACMA has designed and developed a customized [360-degree Management & Leadership Survey](#) and the information collected is compiled and presented in a confidential feedback report. A reflection on the survey report may be used as evidence on your MyRACMA dashboard. There is also an optional 1:1 debrief with an executive coach.

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- **Membership of Peer Review and Support Groups**

Several peer supports groups have been established by College Members and you could consider discussing with colleagues about joining or establishing a new group. The groups need not be limited to FRACMAs and could include other administrators, doctors in other specialties, and facilitators including executive mentors.

The College has launched a peer support group program for professionally isolated Members. Further information can be found [here](#).

- **Forming a Relationship with a Professional Buddy**

Creating an informal one-on-one, co-operative relationship with a colleague allows for the sharing of experiences and can provide professional and emotional support as acute work situations arise. A more experienced colleague can mentor the professional development of a more junior specialist.

- **Regular Practice Review (RPR) / Collegial Visit**

RPR is a collegial review by a senior peer or peers of a doctor's practice in their usual setting.

This is a structured process that may take several weeks to complete. It commences with a practitioner choosing a reviewer(s) who should be a senior colleague who is independent of the practice. The colleague is provided with a portfolio of documents including the PDP and a record of the Annual Conversation, followed by a practice visit or visits. It is preferable for visit(s) to be face-to-face, but they may be virtual. During the visit, the reviewer(s) and practitioner discuss, in a formative and constructive manner, the reviewee's practice; and identify any strengths and opportunities for improvement. After reflecting on the visit, the reviewer(s) provide and discuss feedback with the practitioner, including suggestions for further professional development. To be successful, the review must be supportive but should also overcome any professional hesitancy or complacency to provide a strong and effective appraisal of the practitioner's practice.

A template and resources to support the RPR/Collegial Visit activity can be found [here](#). This is also downloadable within MyRACMA.

- **Reflective Journal**

Keeping a reflective journal may help you to observe your experiences of work incidents, analyse what happened and consider and plan to use the experience to improve and develop professionally.

- **Self-assessment of Practice Competencies**

Use the College self-assessment tool ([here](#)) to assess your practice against Medical Administration competencies. If possible, have your assessment reviewed by a colleague.

The College provides a list of [past oral examination questions](#) with model answers which can be accessed using your MyRACMA login details. You can assess your competencies by undertaking an examination question and reviewing your answer against the Censors' notes. If possible, review your answer with a colleague.

- **Activities for Locums**

Doctors with a predominantly locum practice can arrange employer-based feedback directly from the employer. If this is not possible a locum agency will be able to provide feedback usually through a reference that they have received from a recent employer.

In assessing a locum assignment, pertinent reflective questions based on the review or reference might include:

- » Why did they engage me?
- » What do I do that met their needs?
- » What did I do well?
- » What did I do less well?
- » Was I effective?
- » What would I do differently next time?
- » Does this locum role fulfill my professional needs?
- » Was I as active an advocate for patient safety and quality as I could be?
- » Did I close my eyes to anything?

If you are not asked to return for a further locum it is pertinent to reflect on:

- » Why did they not re-engage me?
- » Was it me or was it them?
- » Why?

- **Other Activities**

Among many possibilities for practice review, some other activities include:

- » Third-party accreditation of your health setting or organisation (e.g., College or ACHS accreditation)
- » Client reviews and surveys (see Category 2 CPD Activities)
- » Review by an executive coach, employment psychologist, or non-medical mentor including psychometric testing or the Myer-Briggs MBTI
- » Participation in Morbidity & Mortality meetings or multi-disciplinary meetings relevant to Medical Administration

**Table 1: Summary of Suggested Category 1 CPD Activities – Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA)**

| ACTIVITY  | EVIDENCE REQUIRED   | MAX HOURS (per annum)* |
|---|---|------------------------|
| Professional Development Plan (mandatory)   | Plan or documentation that an employment associated plan has been created.<br>The <b>Professional Development Plan template</b> can be used for this activity. Once completed, attach as evidence.  | 5                      |
| Annual Conversation (including workplace performance review and locum employee reviews)   | Summary of conversation including date, place, and people involved or documentation that an employment-based conversation has occurred.<br>The <b>Annual Conversation template</b> can be used for this activity. Once completed, attach as evidence. | 5                      |
| Multi-source (360°) feedback  | Outline of activity, and a reflection on learning.<br>Information on the RACMA 360 Degree Management and Leadership Survey can be found <a href="#">here</a> .  | 5                      |
| Peer review support groups  | Outline of activity and a reflection on learning  | 12                     |
| Professional buddying   | Outline of activity and a reflection on learning  | 12                     |
| Regular practice review   | Report on activity or a reflection on learning.<br>The <b>Regular Practice Review template</b> can be used for this activity. Once completed, attach as evidence.   | 20                     |
| Reflective diary  | Report on activity or a reflection on learning  | 10                     |
| Self-assessment of RACMA competencies   | Report on activity or a reflection on learning  | 5                      |
| Third-party accreditation of health setting   | Summary of accreditation document or recommendations or a reflection on learning  | 10                     |
| Client reviews (this may also be a Category 2 activity)   | Summary of findings and reflections on learnings  | 10                     |
| Third-party (non-FRACMA) review and mentoring (e.g., executive coaching, occupational psychologist)                                 | Outline of activity and reflection on learning  | 12                     |
| Participation in clinical governance, Morbidity & Mortality, and multi-disciplinary processes which include review of your practice | Outline of activity and reflection on learning  | 12                     |
| Other   | If there is an activity you have undertaken that is not shown as a selection from the drop-down list, you may place it under 'Other'. You must provide an outline of activity and a reflective statement.   | 12                     |

\* The hours claimed should reflect the time spent on the activity. Except for a mandated 5 hours each for the PDP and Annual Conversation, these are suggested maximums.

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## 5.6 CPD ACTIVITY CATEGORY 2 –

### Measuring and Improving Outcomes (MCNZ) / Measuring Outcomes (MBA)

For FRACMAs, a minimum of 5 hours and a combined minimum of 25 hours with Category 1 – Reviewing and Reflecting on Practice (MCNZ) / Reviewing Performance (MBA) CPD activities is required.

These are activities in which the outcomes of your practice or of your organisation are measured and reviewed against established standards. Through analysis and reflection, you can then use the information gathered to identify what you are doing well and where and how you can improve patient care and health outcomes.

Suggested activities include:

#### **Audits of the Outcomes of your own Practice or of your Organisation**

As medical administrators, we are usually not involved with direct patient care, and it may appear that the opportunities to measure and improve on our outcomes are limited. However, non-clinical audits provide abundant prospects for reflection and improvement.

The audit cycle has six stages:

#### **1. Identifying an Issue**

The topic should be something that interests you and relates to your practice or to your organisation. It is also possible to do an audit on a local, national, or international health outcome that interests you. The topic does not need to be a complex issue but should be one in which the data is easily accessible and open to analysis. Ethics approval is usually not required for non-clinical audits, but you should check the policies in your jurisdiction.

#### **2. Developing or Selecting Standards**

Benchmarks exist for most quality improvement and patient safety topics so that you can compare your, or your organisation's outcomes with your peers and with the best practice in that domain.

Alternatively, you can develop your own standards based on national or international guidelines, the medical literature, case studies, and other evidence.

#### **3. Collecting Data**

Data can be collected retrospectively or prospectively but a retrospective audit by using, for example, patient notes is often quicker and more likely to be concluded during the CPD cycle.

Auditable data may already be available through your organisation's quality projects or external datasets provided by Health Round Table, ACHS clinical indicators, NSW BHI data, Victorian SCV data and other state-based comparison datasets.

#### **4. Analysing Results**

Analysis of the results will include a comparison to the previously determined standards and a recognition of opportunities for improvement.

There may be elements of cultural competence and health equity which can impact your results and you need to consider these.

#### **5. Implementing Changes**

Following the analysis of the results, a plan to implement change to improve outcomes is constructed.

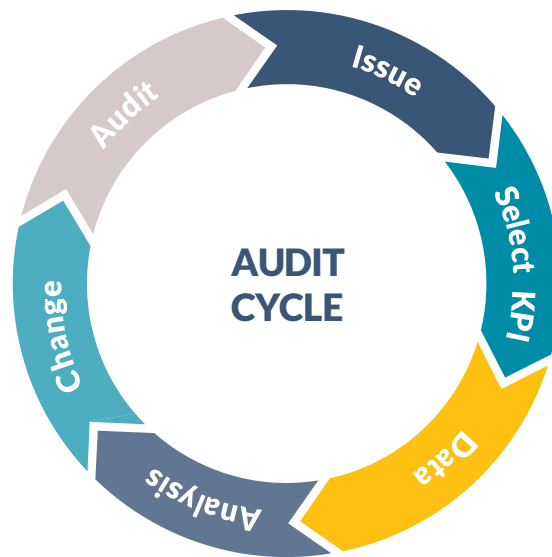
#### **6. Re-auditing to Assess Success**

A realistic time frame to assess the results of the improvement plan should be made but the audit can be undertaken over several CPD cycles.

A useful resource for designing your audit can be found [here](#).

A [template](#) which may be helpful in reporting your results can be found on the College website.

Figure 7: The Audit Cycle



### Suggested Audits

- **Cultural Safety**

Review your practice or organisation against cultural safety standards and frameworks for marginalised groups. MCNZ resources on cultural safety and health equity can be accessed [here](#).

An NSW Health self-assessment tool can be accessed [here](#).

- **Readability**

There are several online tools that can be used to assess the effectiveness of a sample of your written communications to a lay audience, including:

- » [Readability test](#)
- » [Hemingway editor](#)

After analysing the results, make a plan to improve your readability and re-audit in a few months' time.

- **NSQHS Standards**

If you are a member of a team preparing for accreditation by the Australian Commission for Quality and Safety in Healthcare, audit the standard you are responsible for against the National Safety and Quality Health Service benchmarks.

NSQHS provides monitoring tools for each of the standards which can be accessed [here](#).

- **Review of a Key Performance Indicator**

Most organisations have a range of performance indicators which compare the organisation's performance against its peers.

Examples include hospital standardised mortality, average length of stay, surgical and emergency access times, transfusion rates, of hospital acquired complications, etc.

Indicators may be measured internally or provided by organisations such as the Health Round Table, ACHS clinical indicators, NSW BHI data, Victorian SCV data, etc.

Indicator based audits begin with identifying areas for improvement and analysing causes of underperformance. A quality improvement strategy is then developed and implemented. The success of the strategy will be reflected through improvements in the indicator.

- **Analysing Health Outcomes that are Independent of Your Practice or Organisation**

Auditing a health outcome on a local, national, or international level is also a useful CPD activity.

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Health performance and variation indicators are provided down to a locality level by national health atlases which include:

- » [Health Atlas](#) (Australia)
- » [Health Atlas](#) (Aotearoa New Zealand)

Look at a health outcome that interests you and compare your local results to the rest of the country. What is the cause of any variation and what actions can be done to improve this outcome?

- **Review an Administration or Leadership Process that Occurs in Your Organisation**

For example:

- » Open disclosure  
Check your recent experience in open disclosure procedures against the standards included in the ACQSH open disclosure checklist [here](#).
- » Morbidity & Mortality and multi-disciplinary meeting frameworks  
Audit your organisation's framework against a checklist such as the NSW Clinical Excellence Commission Guidelines and Standards [here](#).
- » Review of adverse events  
Audit 5-10 reports of the investigations of reportable incidents, root cause analysis, and sentinel events for compliance with local policies or the fulfillment of recommendations. Identify opportunities for improvement.  
The NSW Clinical Excellence Commission's resources for adverse event management are available [here](#).
- » Review of management of a complaint or concern against a clinician  
Review and reflect on your management of a concern or complaint about a clinician and contrast your management against the standards required by your local policy. Identify opportunities for improvement, plan strategies, and implement.
- » Bullying and harassment  
Review and reflect on your management of a reported case of bullying or harassment and contrast your management against the standards required by your local policy. Identify opportunities for improvement, plan strategies, and implement.
- » Review and reflect on a change management process  
Review and reflect on why was change needed, what was changed and was it safe, effective and sustainable.
- » Review medical records  
Audit a sample of clinical records do they match your organisations standards.

- **Clinical Audit**

A clinical audit may be an appropriate CPD activity if it is related to your scope of practice as a Medical Administrator or College competencies.

- **Medico-Legal Audits**

- » Reviewing and reflecting on 5-10 recent reports against a standard such as the AMA Ethical Guidelines for Doctors Acting as [Legal Witnesses](#).
- » Comparing your report or opinion against other witness reports or medico-legal opinions in the same case and reflecting on the completeness and clarity of your report. You can then identify opportunities for improvement and plan and implement strategies.
- » Worker's Compensation Reports: creating a checklist to review aspects of workers' compensation reports including confidentiality, readability, appropriateness of clinical examination, consideration of relevant legislation, and the feasibility of recommendations.

- **Client and Staff Audit**

A de-identified assessment by clients is a common form of feedback. For Medical Administrators, clients may include patients, junior medical staff, senior doctors, and other customers.

Commonly, annual surveys of the junior medical staff, down to an institutional level, are undertaken by health service organisations and the doctors' representative organisations. For example, NSW Health's [Wellbeing Matters Survey](#) and AMA New South Wales' [Hospital Health Check](#).



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These surveys enable you to identify an opportunity for improvement and plan and implement remedial strategies.

Surveys of participant satisfaction in tutorials and other teaching opportunities are also frequently available and can be used to reflect on your teaching methods and ways to improve.

- **Patient Reported Experience Measurements (PREMs) and Patient Reported Outcome Measurements (PROMs)**

These valuable client surveys are frequently collected and made available by health organisations. Auditing the results to identify a common cause of concern and forming a response is a worthwhile way to measure your organisations outcomes.

- **Research Audits**

Examples include:

- » Auditing your success in gaining research funding and comparing the results to other units. You can also analyse your proposal against a guideline or **checklist** for writing a successful application.
- » Reviewing your or your group's research practices against a relevant section of NHMRC guideline, using a checklist.
- » Reviewing your performance against employment KPIs including:
  - Grants/ research funding applied for and received
  - Publications – number, journal IF, citations
  - Conference Presentations
  - Technical reports
  - PhD student supervision
  - Student satisfaction scores from teaching activities
  - Accreditation of courses

### CPD Activities, Other than Audits, that Measure and Improve Outcomes

- **College Committee Work and Positions Relevant to the Improvement of Medical Administration Practice**

College committee and other work performed by office holders often involves a review of outcomes leading to improvements in Medical Administration practice. It thus qualifies as a Category 2 activity.

Relevant committees include:

- » RACMA Board
- » Jurisdictional Committees
- » Continuing Professional Development Program Committee (CPDPC)
- » Education and Training Committee (ETC)
- » Academic Board
- » Accreditation Committee

Relevant College positions include:

- » Board Members
- » Jurisdictional Committee Chair
- » Jurisdictional Coordinator of Training
- » Jurisdictional CEP Coordinator
- » Dean
- » CPDPC Chair
- » ETC Chair
- » College Censors
- » Accreditation Panel Chair

- **Undertaking a Quality Improvement or Change Management Project**

Undertaking and reflecting on a quality improvement or change management project is a valuable CPD activity which involves a review of outcomes. These can be employment based and be either tactical or strategic projects.

- **Undertaking a Morbidity & Mortality or Multi-disciplinary Team Process**

Undertaking a process in which patient outcomes are reviewed is a valid CPD activity with aspects of both outcome measurement and performance review.

- **Leading, Analysing and Writing Reports on Healthcare Outcomes**

These reports may be part of your employment or you may wish to analyse healthcare outcomes on a local, state, or national basis using publicly available databases such as health atlases, health roundtable, and health department information.

**Table 2: Summary of Suggested Category 2 CPD Activities – Measuring and Improving Outcomes (MCNZ) / Measuring Outcomes (MBA)**

| ACTIVITY   | EVIDENCE REQUIRED   | MAX HOURS (per annum)* |
|--|---|------------------------|
| Audits of your own practice or of your organisation                          | Results, outline of activity or reflective statements.<br>The <a href="#">Audit Reporting template</a> can be used for this activity. Once completed, attach as evidence.                                 | 20                     |
| College committee work relevant to the improvement of Medical Administration | Outline of activity and reflective statement  | 20                     |
| A quality improvement project  | Outline of activity and reflective statement  | 20                     |
| A Morbidity & Mortality or multi-disciplinary team process                   | Outline of activity and reflective statement  | 12                     |
| Leading, analysing, or writing reports on healthcare outcomes                | Outline of activity and reflective statement  | 20                     |
| Other  | If there is an activity you have undertaken that is not shown as a selection from the drop-down list, you may place it under 'Other'. You must provide an outline of activity and a reflective statement. | 12                     |

\*The hours claimed should reflect the time spent on the activity. These are suggested maximums.

## 5.7 CPD ACTIVITY CATEGORY 3 – Educational Activities (MCNZ & MBA)

For FRACMAs a minimum of 12.5 hours is required.

Educational activities can include learning from a wide variety of resources, teaching, and mentoring, all of which maintain, develop, or increase your medical knowledge. Activities should be guided by your professional development needs and be reviewed in a reflective manner.

An appropriate appraisal of the activity might involve reflection on the following questions:

- What did I seek for it?
- What did it teach me?
- What did it cause me to do differently?
- Why did it not have any effect on me?
- How will I use this in my workplace, in my professional life, in my private life?
- Am I better for having done the activity?

Suggested activities include:

- RACMA educational activities:
  - » Annual Conference
  - » Monthly CPD webinars (Members can access previous webinars at [CPD Webinars](#))
  - » Monthly Members' Forum (if educational rather than a general forum)
  - » Jurisdictional education sessions (NSW sessions are available at [NSW Education sessions](#))
  - » Members have complimentary access to the [British Medical Journal \(BMJ\) Leader](#)
  - » Members may apply for access to training material through the Member Resource Hub on the College website.
  - » Currently available modules include (further modules will become available over the next year):
    - Advocacy in Medical Management
    - Indigenous Health Program

- Non RACMA Conferences, tutorials, workshops, etc. (relevant to Medical Administration and leadership)
- Study towards relevant formal qualifications
- Employee provided and/or mandated training which include elements of College competencies
- Cultural Safety and health equity training: RACMA has developed a [Reconciliation Action Plan \(RAP\)](#) to provide its Members with a structured and accountable approach to advancing reconciliation. Other useful resources can be found at:
  - » The Australian Indigenous Doctors Association provides courses in [cultural safety](#) and [cultural awareness](#)
  - » The [Mauriora](#) organisation provides courses on cultural competency specifically related to Māori health
  - » [MCNZ Cultural Safety](#)
  - » [Australian Indigenous HealthInfonet](#)
- RACMA teaching, mentoring, and evaluation and RACMA committee meetings related to education including acting as a Censor, Supervisor, or Preceptor
- Other teaching and research including preparing lectures, patient education material, or journal articles
- Self-directed learning (journal reading, etc.)
- Preparing patient education and clinical guideline material
- FRACMA and AFRACMA program (year of attainment)

**Table 3: Summary of Suggested Category 3 CPD Activities – Educational Activities (MCNZ & MBA)**

| ACTIVITY  | EVIDENCE REQUIRED   | MAX HOURS (per annum)*      |
|---|---|-----------------------------|
| RACMA Conference  | Recorded by College and/or reflective statement   | 12                          |
| RACMA monthly Member webinars   | Recorded by College and/or reflective statement   | 12                          |
| RACMA monthly Members' Forum (if educational)   | Outline of activity and reflective statement  | 12                          |
| Non RACMA conferences, tutorials, workshops, etc.   | Attendance certificate and/or reflective statement  | 12 per conference           |
| Study towards relevant formal qualifications  | Outline of activity and/or reflective statement   | 25                          |
| Employee provided and/or mandated training  | Certificate of completion and/or reflective statement   | 10                          |
| Cultural safety and health equity training  | Certificate of completion and/or reflective statement   | 10                          |
| RACMA teaching, mentoring, and evaluation including as a Censor, Supervisor, or Preceptor | Outline of activity and reflective statement  | 20                          |
| Other teaching and research including preparing lectures, writing journal articles, etc.  | Outline of activity and reflective statement  | 20                          |
| Preparing patient education and clinical guideline material                               | Outline of activity and reflective statement  | 20                          |
| Self-directed learning  | Outline of activity and reflective statement  | 12                          |
| FRACMA and AFRACMA program  | Recorded by College   | 50 (FRACMA)<br>25 (AFRACMA) |
| RACMA committee work relevant to education  | Outline of activity and/or reflective statement   | 20                          |
| Other   | If there is an activity you have undertaken that is not shown as a selection from the drop-down list, you may place it under 'Other'. You must provide an outline of activity and a reflective statement. | 12                          |

\*The hours claimed should reflect the time spent on the activity. These are suggested maximums.

## 6. REPORTING OF COMPLIANCE AND NON-COMPLIANCE

Between October of the current CPD year and March of the following year, RACMA gives its Members three initial reminders plus a final reminder to finalise their records. Members have until 31 March to complete their CPD record on MyRACMA for the previous calendar year.

Members who are non-compliant on 31 March may be provided with remediation support from the RACMA CPDPC committee and staff between April and June to assist them in reaching compliance. Support is provided by email, phone, and face-to-face, where possible.

If a Member does not respond to, or rectify non-compliance, they face cancellation of membership as per the RACMA Constitution. The Medical Board of Australia or the Medical Council of New Zealand will be advised of the non-compliance of Fellows who are registered as specialist Medical Administrators.

### 6.1 RACMA CPD Compliance Audit

RACMA has an obligation to ensure that Members are participating in and achieving CPD compliance. The audit process comprises:

- A quarterly maintenance audit
- An annual certification audit
- Annual compliance audit

You can find specific information on the annual audit of participation in the College's [CPD Governance and Compliance Policy](#).

### 6.2 Audits by MBA and MCNZ

The MBA and MCNZ undertake CPD compliance audits of registered practitioners. RACMA Members are advised to keep records of their CPD activities for a minimum of three years.

### 6.3 Important Dates for RACMA Members

| ACTION / ACTIVITY                                  | DATE / TIME FRAME  |
|--|--|
| Establish PDP                                      | Beginning of CPD cycle (e.g., start of each calendar year) |
| Enter CPD activities                               | Throughout the year and link PDP where applicable          |
| Completion of CPD record                           | December each year   |
| 1st reminder to Members                            | October  |
| 2 <sup>nd</sup> reminder to Members                | December   |
| 3rd reminder to Members                            | February   |
| Final reminder to Members                          | March  |
| Final cut-off date for CPD entries to be completed | 31 March following year                                    |
| Audit and certification of CPD records             | April – June   |
| Internal RACMA audit (10% Members)                 | July – August  |

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## 7. EXEMPTIONS

Life Fellows, Honorary Fellows, and those Fellows who are fully retired and no longer practising/registered, are exempt from mandatory CPD.

Exemptions may be granted on a pro-rata basis, depending on individual circumstances and proportionate to the amount of leave taken. An exemption to annual CPD obligations may be granted under the following circumstances.

- Parental leave
- Bereavement of immediate family member
- Personal illness/health reasons
- Extended family/personal leave
- Extended absence from professional duties
- Other special circumstances

If you wish to discuss your personal circumstances prior to applying, please contact us by emailing [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

Your request will be reviewed by the Continuing Professional Development Program Committee (CPDPC) and the outcome will be provided to you in writing from the CPDPC Chair.

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## 8. FAQs

### Why do I have to do CPD with RACMA?

Medicine is constantly evolving and to maintain our skills and expertise, all doctors must continue to learn and develop throughout their career.

In addition, completing the College CPD program is a requirement for registration and specialist recognition by both the Medical Council of New Zealand and the Medical Board of Australia. It is also required to maintain membership with RACMA.

### Why do I have to do CPD if I don't work full-time or do intermittent locum work?

If you wish to be registered in Aotearoa New Zealand or Australia, then you need to be CPD compliant, and there is no variation in the requirements for part-time or locum work.

### What changes are happening in CPD?

Both the MCNZ and MBA are committed to improving CPD for medical practitioners. This has led to new requirements for registration which include planning for appropriate and high-value CPD through a Professional Development Plan and placing an emphasis on "active CPD" activities including practice review and the measurement and improvement of outcomes which measure how you are functioning within your practice.

The requirements of the regulatory authorities are fulfilled by the College CPD program which is detailed on page 5-7 of this handbook.

Professional development is a continuous process, but the College's verification procedures will continue to be based on the calendar year.

### Why do I have to do CPD for any other college(s) as well as RACMA?

For registration purposes, you need to complete a relevant CPD program for each of your registered specialties or vocational scopes of practice.

In addition, each college has distinct CPD requirements. To maintain your membership with RACMA, you must complete the program annually as per the RACMA Constitution s9.4-9.11.

If you have undertaken CPD activities in leadership, management, or other RACMA competencies with your other college, then these activities can also be submitted to RACMA; but, for example, clinical upskilling in cervical cytology or laparoscopic skills does not count toward RACMA CPD.

### What is a CPD "home" or provider?

The MBA requires that every doctor must nominate an accredited CPD "home" in which they complete a CPD program. In Aotearoa New Zealand, a similar process requires doctors with a vocational scope of practice to undertake the CPD program of an appropriate college. Currently, most CPD homes are medical colleges, but it is likely that independent educational institutes may also apply for accreditation.

Doctors with more than one registered specialty or vocational scope of practice are required to complete CPD for each specialty, and this may require the nomination of more than one home or provider.

AFRACMAs with general registration but no specialist registration and non-members of the College, who mainly practice in Medical Administration, are welcome to nominate RACMA as their home but, will be required to undertake the same CPD program as FRACMAs.

### I am an Associate Fellow of RACMA, why do I need to participate in RACMA CPD?

Associate Fellows must fulfill the CPD requirement to maintain their AFRACMA membership. This is currently 20 hours of activity per year including a mandatory Professional Development Plan. The activities must be related to leadership, management, or other RACMA competencies. There are no mandated hour minimums for the various types of CPD.

### Do I need to upload my evidence? Some of what I do is very confidential.

Neither MCNZ nor MBA require mandatory uploading of CPD evidence. We have a capability for Members to upload their CPD evidence, so that should they be audited by AHPRA, their data is easy to extract.

Should Members choose not to attach their evidence, they are required to accurately describe their CPD activity and submit a reflective statement so that the relevant Jurisdictional CPD Coordinator can assess the validity of their submission.

### What is considered inappropriate to submit as a CPD activity?

Examples of inappropriate submissions include entries from a work diary for a month, and participation in routine, work-related activities that are not related to any of the CPD types.

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## 9. REFERENCES & RESOURCES

[Medical Board of Australia website](#)

[Information on the Medical Board of Australia Professional Performance Framework](#)

[Medical Council of Aotearoa New Zealand website](#)

[Information on Medical Council of Aotearoa New Zealand recertification requirements](#)

[AHPRA website](#)

[Information on AHPRA website – revised CPD registration standards](#)

[Australian Medical Council website](#)

[Information on AMC accreditation standards and procedures](#)

[Information on RACMA CPD](#)

[Information on MyRACMA](#)

[RACMA CPD Governance and Compliance Policy](#)

## 10. TEMPLATES

[Annual Conversation](#)

[Audit Reporting](#)

[Regular Practice Review](#)

[Professional Development Plan](#)



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