

# RACMA CONTINUING PROFESSIONAL DEVELOPMENT



## 2017-2018 HANDBOOK

Version 1.0

## TABLE OF CONTENTS

<b>Welcome to RACMA CPD .....</b>	<b>3</b>
1. <b>Overview .....</b>	<b>5</b>
2. <b>Mandatory Participation .....</b>	<b>5</b>
3. <b>CPD Compliance .....</b>	<b>6</b>
4. <b>RACMA CPD Activities .....</b>	<b>6</b>
5. <b>MyRACMA .....</b>	<b>7</b>
6. <b>FAQs .....</b>	<b>7</b>
7. <b>Templates .....</b>	<b>12</b>
8. <b>Evidence .....</b>	<b>12</b>
9. <b>Exemptions .....</b>	<b>13</b>
10. <b>Locums .....</b>	<b>13</b>
11. <b>CPD Framework .....</b>	<b>14</b>
12. <b>CPD Committee .....</b>	<b>17</b>
<i>Appendix 1 – Australian Medical Council .....</i>	<i>18</i>
<i>Appendix 2 – Medical Board of Australia .....</i>	<i>20</i>
<i>Appendix 3 – Medical Council New Zealand .....</i>	<i>21</i>
<i>Appendix 4 – CPD for members practicing in Australia .....</i>	<i>22</i>
<i>Appendix 5 – CPD for members practicing in New Zealand .....</i>	<i>24</i>
<i>Appendix 6 – PDP Example 1 .....</i>	<i>27</i>
<i>Appendix 7 – PDP Example 2 .....</i>	<i>28</i>
<i>Appendix 8 – PDP Example 3 .....</i>	<i>31</i>

## **WELCOME FROM THE RACMA PRESIDENT & CPD COMMITTEE CHAIR**

The communities in Australia and New Zealand have high levels of trust in doctors and expect medical practitioners to provide safe care to patients. The Medical Board of Australia and the Medical Council New Zealand have designed professional performance frameworks to ensure that all registered medical practitioners practice competently and ethically throughout their working lives.

The Medical Board of Australia has developed the **Australian Professional Performance Framework** which will support doctors to take responsibility for their own performance and encourage the profession collectively to raise professional standards and build a positive, respectful culture in medicine that benefits patients and doctors. Consultation will continue throughout 2019 with the implementation expected in 2020. The Professional Performance Framework has five pillars:

- **Strengthened Continuing Professional Development** - where a doctor must invest in a minimum of 50 hours per year in these activities
- **Active assurance of safe practice**
- **Strengthened assessment and management of medical practitioners with multiple substantiated complaints**
- **Guidance to support practitioners**
- **Collaborations to foster a positive culture of medicine**

The **Medical Council New Zealand** has already implemented re-certification in order to maintain the right to be issued with a practicing certificate, New Zealand doctors must meet recertification and continual professional development (CPD) requirements.

Recertification is the process to demonstrate competence as a condition of holding a Practising Certificate (PC).

The Medical Council New Zealand requires most doctors, as part of their approved recertification programs, to undertake 50 hours of professional activity each year, directed to the maintenance of competence. These should include:

- 1 Participation in audit of medical practice – at least one audit per year**
- 2 Peer review – a minimum of 10 hours per year**
- 3 Continuing medical education – a minimum of 20 hours per year**

### **RACMA has a commitment to strengthened Continuing Professional Development**

RACMA has had a Continuous Education program for many years. It started as an optional program but since the introduction of AHPRA standards, it has been a mandatory requirement. Recently, the program was re-named to Continuous Professional Development program (CPD). As an organisation we support the aims, ideals and requirements of the Medical Board of Australia and the New Zealand Medical Council.

2017 was a year of consultation with mainly Australian members culminating in a CPD forum at the Annual Scientific meeting in Melbourne in 2017. **We have listened to you, our members, and also noted the requirements of both Medical Council New Zealand and Medical Board of Australia in framing this RACMA CPD program.**

This handbook seeks to meet the flexibility requirements for our members; it supports the elements of self-reflection, professional development, peer review, audit and continuous medical education. The only mandatory component for RACMA CPD will be the requirement to undertake a professional development plan for the year and a review of that plan at years end. Templates and other supporting material will be provided on the RACMA website.

The new MyRACMA portal will assist members in submitting information and storing evidence, should members wish to do so.

Our particular thanks go to the CPD Committee members from New Zealand, Hong Kong and Australian States and Territories, who have all worked tirelessly to create this document and the many RACMA members who have engaged in our process of review to make this a program that is useful and valuable to members and one of which we can be proud.

Best wishes on your professional development journey.....



**Dr Michael Cleary FRACMA**  
**RACMA President**



**Dr Liz Mullins FRACMA**  
**CPD Committee Chair**

## 1. OVERVIEW

This Continuing Professional Development (CPD) handbook has been prepared to assist members by providing clarity for CPD requirements for 2017-2018 periods for CPD. This handbook should be read in conjunction with previous versions of the CPD Manual which are available on the RACMA website.

This guide outlines the requirements for Continuing Professional Development of the Australian Medical Council (AMC), the New Zealand Medical Council (NZMC) and the Medical Board of Australia (MBA).

Please note that there are no changes to Medical Board Australia or Medical Council New Zealand requirements.

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

## 2. MANDATORY PARTICIPATION

Participation in the RACMA Continuing CPD Program is a mandatory requirement for Fellows and Associate Fellows of RACMA to remain in 'good standing' with the College. This is also in accordance with the RACMA Constitution, Sections 7.1 and 9.4-9.9 (2016).

CPD compliance is also an Australian Health Practitioner Regulatory Authority (AHPRA), Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) Standard for the maintenance of specialist registration in Medical Administration.

Members who are deemed non-compliant will be referred to the RACMA Board which may lead to cessation of College membership as per the RACMA Constitution 2016, section 9.4 – 9.9 Failure to comply with the College's continuing education program.

### 3. CPD COMPLIANCE

All components of the RACMA CPD program are to be completed on an **annual basis** for both Fellows and Associate Fellows. Any previous models are no longer valid. This takes effect from 1 January 2018.

- **Fellows** of RACMA must achieve a **minimum** of 50 hours of approved CPD activity per year which **must include the submission** of a professional development plan.
- **Associate Fellows** of RACMA must achieve a **minimum** of 25 hours of approved CPD activity per year which must **include the submission** of a professional development plan.
- **Retired Members** of RACMA may choose to undertake CPD activities. The compliance requirements do not apply to retired members with no mandatory activities nor minimum hours required.

### 4. RACMA CPD ACTIVITIES

Members are required to enter their own activities into MyRACMA on an annual basis. The activities must relate to the current calendar year – 1 January to 31 December. It is recommended that activities are entered throughout the year as they are undertaken so as to not become a burdensome activity at the end of the year. MyRACMA can be accessed via computer, mobile phone or tablet to enable ease of access at all time. The final cut-off dates for entries is 31 March of the following year.

Activities organised by the National Office will be logged on behalf of the member eg. Annual Conference, monthly member webinars etc. These activities will have the CPD hours attached in a logo that states the hours that apply to the activity. One CPD point equals one hour of CPD activity.



#### 4.1 CPD ACTIVITIES WITH OTHER COLLEGES OR PROVIDERS

CPD undertaken with other Colleges or providers may be entered as individual activities if they relate to leadership and management. RACMA does not accept CPD certificates from other Colleges as acceptance of compliance with RACMA.

## 5. MyRACMA

MyRACMA is the newly launched platform that allows members to record their CPD activities and update personal details. It has increased functionality including:-

- Accessible on mobile phones and tablets. Simply login to MyRACMA as you would on your computer. Note that this is not a dedicated App for Smart phones to access MyRACMA.
- From 2019 you will be able to print off your own CPD Certificates once sign off has occurred for 2018 CPD records.
- There is 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.

The following Quick Reference Guides have been developed to assist you in using MyRACMA and can be located on the MyRACMA page on the website:-

- Updating password and personal details
- How to enter a new activity
- How to enter a new PDP

## 6. FAQs

### **Why do I have to do CPD?**

CPD is a requirement for registration by both New Zealand Medical Council and the Medical Board of Australia.

### **Is there any evidence that CPD is of any value?**

Please refer to the statements in relation to CPD from the Australian Medical Council; Medical Board of Australia and New Zealand Medical Council.

### **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 both New Zealand and Australia, then you need to be CPD compliant.

### **Why do I have to do CPD for my clinical college (s) and RACMA?**

Different colleges have different requirements; you are required to maintain yourself in good standing with the relevant colleges. If you have undertaken leadership, management of clinical governance CPD activities for your clinical college, they can also be submitted to RACMA. The clinical converse **does not apply**. Upskilling in cervical cytology or laparoscopic skills CPD does not count for RACMA CPD as this is not management, leadership or clinical governance component to that particular CPD.

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

As applies to Fellows above.

### **What do you mean by a professional development plan?**

*A great career doesn't just happen by itself. Like anything else you want to achieve in life, a successful career takes time, effort and most importantly, planning, to get right. For that reason, a professional development plan in the form of a written summary of your ambitions, aspirations and objectives can be extremely useful in helping to clarify your career goals and sharpen your focus.*

*A career development plan is designed to outline your interests, values and skills, and to help you think about:*

- *Where you are now, and where you want to be*
- *Your likes, dislikes, passions, strengths, skills, experience and personality, and how closely they align with your chosen job*
- *Your short-term and long-term career goals*
- *Any skills, qualifications and experience you might still need to acquire*
- *The current labour market, where the work is, and any other job requirements you might need to research.*

*Articulating a vision statement for your career is the first step in helping you get that dream job. By setting clearly defined career goals and mapping out the steps you need to take to get where you want to be, you can more easily navigate towards the vision you have laid out for yourself.<sup>1</sup>*

Typically members will attach:-

Employment development plan; Post appraisal action plan; Executive Coaching action plan; Post 360 degree feedback action plan; self-reflection plan that start in February and is reviewed in December; actions as result of an executive or board development plan; reflection and a plan post attendance at conferences, webinars. The RACMA competency self-assessment paper is a very useful tool for this.

### **How do I write a reflective piece? <sup>2</sup>**

*Reflective writing differs from other kinds of university writing that you may be more familiar with. Reflective writing is meant to encourage you to reveal your personal thoughts about your life experiences in relation to the content you are learning about in your units. Many assessment tasks at university ask for reflection. You may see instructions like:*

*Writing reflectively can be assisted with some guiding questions:*

*What happened during that event or experience? And why did it happen?*

*What was my role in the event? And why did I adopt that particular role?*

*What were my feelings during that experience? And why did I feel that way?*

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<sup>1</sup> Hudson – great people, great performance 2018

<sup>2</sup> <http://www.deakin.edu.au/students/studying/study-support/academic-skills/reflective-writing>

*What were my thoughts during that experience? And why did I think that way?*

*How do I interpret what I experienced or observed?*

*What might this experience mean in the context of my course?*

*What other perspectives, theories or concepts could be applied to interpret the situation?*

*How can I learn from this experience?*

There are a number of reflection models you can use to help construct your writing. One useful reflection model is "The 4 Rs" which is outlined below. The 4Rs process is based on "Reflection-On-Action" - this means actions are analysed and re-framed after an event or observation, and potential solutions are developed. The process is designed to encourage you to address your ongoing learning from a number of standpoints, such as practical, cognitive and emotional, and from your own values, ethics and beliefs.

The 4 R's	
Report	<i>In the Report stage you describe, report or retell the key elements of what you have learnt, seen or experienced.</i>
Relate	<i>In the Relate stage you draw a relationship between your current personal or theoretical understandings and identify aspects of the observation that have a personal meaning or that connect with your experience.</i>
Reason	<i>In the Reason stage you explore the relationship between theory and practice and seek a deep understanding of why something has happened. You explore or analyse a concept, event or experience by asking questions and looking for answers, reviewing the literature, considering alternatives and multiple perspectives.</i>
Reconstruct	<i>In the Reconstruct stage you discuss improvements that could be made or identify something you need or plan to do or change. You should be able to generalise and/or apply your learning to other contexts and your future professional practice. This might involve developing general principles, formulating personal theories of teaching or taking a stand or position on an issue.</i>

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

Neither NZMC 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 we do ask members to accurately describe their CPD activity so that the relevant state CPD Co-Ordinator can assess the validity of their submission

### **What is the AHPRA CPD audit all about?<sup>3</sup>**

*This applies to Australian fellows who are registered as specialists in medical administration on the AHPRA website.*

*AHPRA and the National Boards have developed a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. Audits are an important part of the way for health practitioners to demonstrate to the community and to Boards that they are meeting the mandatory registration standards.*

*How will I know if I am being audited?*

*Audits of random samples of practitioners from all professions will occur periodically throughout the year.*

*If you are selected for audit, you will receive an audit notice in the mail from AHPRA. It includes a checklist that outlines what supporting documentation is required to demonstrate that you meet the standard(s) being audited.*

*What is being audited?*

*Each time you apply to renew your registration, you make a declaration that you have (or have not) met the registration standards for your profession. The audit requires that you provide further information to support your declarations.*

*Your audit notice letter will identify which standard/standards are being audited. One or more of the following four mandatory registration standards may be audited: Criminal history registration standard; continuing professional development registration standard; Recency of Practice registration standard; Professional indemnity insurance arrangements registration standard*

### **Triennium CPD for RACMA?**

This used to be an option for members. **It does not occur any more** – we have an annual CPD reporting period. Anyone who is still on a triennium program needs to commence the new cycle of annual activities from 1 January 2018.

### **I find it difficult to do audit in my role – what do I do?**

*Definition<sup>4</sup>*

*An ad hoc audit involves the opportunistic survey of some specific practice prompted by the development of a related hypothesis by an observant clinician.*

*A potential problem is identified and investigated and if necessary, changes in practice that are designed to improve patient care are implemented.*

*These audits occur over a finite period and contrast with retrospective chart audits and the use of clinical indicators which are ongoing and continuous processes.*

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<sup>3</sup> <http://www.medicalboard.gov.au/Registration/Audit.aspx>

<sup>4</sup> NSW Health Clinicians Toolkit

Most health care-related will have standards to guide process – open disclosure; bullying and harassment; company director requirements; clinical governance standards etc. they are often start based. These can be a standard by which you and /or your organisation can review current process; enact a plan for change; develop an action plan and review changes.

### **I find it difficult to do peer review in my role.**

*Definition: A Peer Review meeting is but one way of undertaking peer review. It is a meeting in which clinicians seek to improve their treatment of patients, and to maintain the currency of their practice by focusing on recent events and outcomes (individual or collected) of the patients under the care of the group forming the meeting.*

*The benefits of peer review, in its most narrow definition (ie. a meeting of senior medical practitioners only), are not easily able to be quantified, but it still plays an important role in the quality improvement efforts of a number of clinicians, particularly in some disciplines.<sup>5</sup>*

There are many models where members get together to meet and discuss relevant leadership, management and clinical governance issues. For example: Journal clubs; clinical management review meetings

### **How to I log attendance at grand rounds and other hospital meetings**

A Grand Round is usually an opportunity for continuous medical education. If it (typically) takes an hour then log it as CME, describe the session (title and hospital), submit the reflection and log 1 hour.

### **Do I have to log RACMA activities?**

No, they will be automatically uploaded on the system if you have registered with RACMA beforehand. If you have not registered, they cannot be ascribed to you so you will need to upload the activity yourself.

### **What is considered inappropriate to submit?**

- Entries from a work diary for a month
- Lists of committees you chair in the course of your work
- Attendance at routine work-related activities.

### **How do I enter CME?**

Journal club attendance – per hour with reflection

Grand Round attendance – per hour with reflection

Conference attendance – per hour with reflection (excluding breaks eg lunch)

Post graduate education – per hour with reflection

Lecture preparation – one hour

Lecture presentation – one hour

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<sup>5</sup> NSW Health Clinicians Toolkit

## 7. TEMPLATES

There are templates available via the RACMA website to assist with defining activities and provision of detailed information:-

- **PDP templates** – there are 3 Examples available

A range of additional templates will be provided as they are developed and will be available from the website.

## 8. EVIDENCE

You should retain records of your CPD activity for audit purposes. The length of time that you need to retain your records will depend on your type of registration.

You are required to retain your records for three years if you have:-

- only general registration and choose a self-directed program
- provisional registration, or
- limited registration

As RACMA has annual CPD requirements, you are required to retain your records for three years.

You may store your own records or use the MyRACMA portal against each activity as you enter them.

If evidence for an activity is not provided, then a detailed description of the activity is required together with a reflective learning statement. Refer to FAQs for further information.

## 9. EXEMPTIONS

There are classes of Fellows who are **exempt from mandatory CPD - Life Fellows, Honorary Fellows and those Fellows who are fully retired and no longer practicing/registered.**

An exemption to annual CPD obligations may be granted under the following circumstances:-

- Significant ill health of the practitioner - physical or mental illness.
- Providing care or support to a member of the immediate family or household because of signs of an illness or injury affecting the immediate member of the family or household.

Members on an approved career break – maternity, paternity or long service leave **will still need to complete CPD** but only comply with continuing medical education requirements.

To apply for exemption, please submit request in writing stating reason and requested length of exemption and submit to [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

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

## 10. LOCUMS

Members who undertake Locum activities are required to complete full CPD program requirements.

## 11. CPD FRAMEWORK

Completion of a Professional Development Plan is mandatory and will attract 10 points.

The RACMA CPD framework consists of two standards. There are no minimum points required for any of the Standard 1 or 2 activities but a minimum of 50 points must be achieved by Fellows and a minimum of 25 points must be achieved by Associate Fellows. Points must be achieved annually.

**Standard 1a** - refers to Audit of medical practice and may be defined as a systematic, critical analysis of the quality of the doctor's own practice that is used to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines. Examples may include:-

- Audit of doctor's practice in medical management against an established standard
- Audit of departmental outcomes/standards

**Standard 1b** – refers to Peer Review, examples may include:-

- Practice Visit
- 360 degree or multi source feedback tool.

**Standard 2** – Continuing Medical Education comprises of three categories; Self-directed education, education activities and College meeting attendance and participation.

The table on the following page mirrors the options under each category in MyRACMA. Should you not be able to find a relevant description of the activity from the drop-down list in MyRACMA, select either 'other activity' or 'general claim' and enter a detailed description of the activity.



STANDARD	EXAMPLE ACTIVITIES LISTED IN MYRACMA
<b>2c College Meetings</b> 1 point per hour of activity	Undertaking Role of JCT
	Undertaking Role of CEP Coordinator
	Progression Committee Membership
	Curriculum Committee Membership
	RACMA National AGM
	RACMA Jurisdictional AGM
	Attend / Participate in RACMA Committee
	RACMA Jurisdictional Committee Meeting
	Board Meeting
	Executive Board Meeting
	Finance and Audit Committee Meeting
	Education and Training Committee Meeting
	CPD Committee Meeting
	Other Activities
External Committee Representing RACMA	

**AUSTRALIA - Fellows are required to achieve a minimum of 50 CPD points and Associate Fellows a minimum of 25 CPD points as follows:-**

- **Mandatory** – Professional Development Plan – 10 points
- **Optional** – Audit / Peer Review however if completed will attract 10 points per activity.
- **Mandatory** – Continuing Medical Education

Refer to Appendix 4 for more information.

**NEW ZEALAND - Fellows are required to achieve a minimum of 50 CPD points and Associate Fellows a minimum of 25 CPD points as follows:-**

- **Mandatory** - Professional development plan – 10 hours
- **Mandatory** - Minimum of one audit per annum – 10 hours
- **Mandatory** - Peer review activities - minimum of 10 hours per annum
- **Mandatory** - Continuing Medical Education – minimum of 20 hours per annum

Refer to Appendix 5 for more information.

## 12. CPD COMMITTEE

The role of the CPD Coordinators is to provide coaching and guidance to assist you in ensuring that the activities you enter comply with RACMA requirements. Your contact in each jurisdiction is:-

### **Chair of CPD Committee**

Dr Elizabeth Mullins

### **National Office**

Ms Debbie Greenberger

### **ACT**

Dr Kate Tindall

### **VIC**

Dr Ian Graham

### **NSW**

Dr Yogendra Narayan

### **WA**

Dr Allan Pelkowitz

### **QLD & NT**

Dr Dale Seierup

### **NZ**

Dr Virginia Hope

### **SA**

Dr Nes Lian-Lloyd

### **Hong Kong**

Dr Helen Tinsley

### **TAS**

Dr June Song

Contact can be made by emailing [cpd@racma.edu.au](mailto:cpd@racma.edu.au) or calling +61 3 9824 4699.

*Correct as at June 2018*

## APPENDIX 1

### Australian Medical Council

The Medical Board of Australia has approved the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.

The Medical Board of Australia has now approved the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*. The revised standards came into effect from 1 October 2016.

**Definition:** Continuing professional development (CPD) is the range of learning activities through which medical practitioners maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty.

A CPD program is the range of resources and activities to support CPD; a mechanism for participants to plan, document and self-evaluate activity; processes for assessing and crediting activities, and procedures for monitoring program participation and, where applicable, activity, quality and auditing compliance.

### **AMC Accreditation Standard 9. Continuing professional development, further training and remediation**

9.1 Continuing professional development Accreditation standards:

9.1.1 The education provider publishes its requirements for the continuing professional development (CPD) of specialists practicing in its specialty(s).

9.1.2 The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.

9.1.3 The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.

9.1.4 The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.

9.1.5 The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).

9.1.6 The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.

9.1.7 The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

9.1.8 The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

## **APPENDIX 2**

### **Medical Board of Australia**

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.

For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Scope of practice means the professional role and services that an individual health practitioner is trained, qualified and competent to perform.

## **APPENDIX 3**

### **Medical Council New Zealand**

Continuing professional development (CPD) is involvement in audit of medical practice, peer review and continuing medical education, aimed at ensuring that a doctor is competent to practice medicine. Continuing professional development is also intended to foster a culture of peer support and lifelong learning...'

NZMC has defined its requirement/expectation that regular practice review (RPR) must form part of CPD including the principles upon which RPR is based. With the introduction of RPR to recertification programs, Council is aiming to improve the already high standard at which the profession practices.

## APPENDIX 4

### CPD for members practicing in [Australia](#)<sup>6</sup>

"...Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

*Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.*

For the purposes of this registration standard, **practice is not restricted to the provision of direct clinical care.**

**'Practice' also includes**

- **using professional knowledge in a direct non-clinical relationship with clients,**
- **working in management, administration, education, research, advisory, regulatory or policy development roles,**
- **and any other roles that impact on safe, effective delivery of services in the profession.**

Medical practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice in order to maintain, develop, update and enhance their knowledge, skills and performance to ensure that they deliver appropriate and safe care.

**CPD must include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. ...."**

CPD programs of specialist medical colleges accredited by the Australian Medical Council meet these requirements. The Board may issue guidance on acceptable CPD activities and evidence from time to time.

Medical practitioners who have specialist registration:

Must meet the requirements for CPD set by the relevant specialist medical college for every specialty in which they hold specialist registration.

There may be CPD activities undertaken that fulfil the CPD requirements of more than one specialist college or specialty, **and**

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<sup>6</sup> Medical Board of Australia Registration standard: Continuing professional development Effective from 1 October 2016

Can only choose a self-directed program of CPD if that program meets the requirements for CPD set by the relevant specialist medical college.

**NOTE: Medical practitioners with both general and specialist registration are required to complete the CPD requirements set by the relevant college.**

Medical practitioners who have general registration only (i.e. do not have specialist registration) must:

Complete a minimum of 50 hours of CPD per year (self-directed program), which must include at least one practice-based reflective element; clinical audit or peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning, or

Meet the CPD requirements of a specialist medical college that is relevant to their scope of practice.

## APPENDIX 5

### CPD for members practicing in New Zealand

'...Continuing professional development (CPD) is involvement in audit of medical practice, peer review and continuing medical education, aimed at ensuring that a doctor is competent to practice medicine. Continuing professional development is also intended to foster a culture of peer support and lifelong learning...'

NZMC has defined its requirement/expectation that regular practice review (RPR) must form part of CPD including the principles upon which RPR is based. With the introduction of RPR to recertification programs, NZMC is aiming to improve the already high standard at which the profession practices.

NZMC audits CPD participation, and therefore it is essential that you develop a CPD plan to ensure that you satisfy all of the requirements.

As a general rule, the NZMC requires most doctors to do 50 hours of continuing professional development (CPD) each year as part of their approved recertification program, which should include:

- **Collegial relationship meetings** (six meetings in the first year, and four meetings a year after that, with a minimum of eight interactive hours a year).
- **Participation in audit of medical practice** (at least one audit per year). This is a systematic critical analysis of the quality of the doctor's own practice that is used to improve clinical and/or health outcomes, or to confirm that current management is consistent with current available evidence or accepted consensus guidelines.
  - Audit of medical practice may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality.
  - It has a statistical basis. Examples of medical practice audit include:
    - external audit of procedures (not of the service)
    - comparing the processes, or outcomes of health or patient care, with best practice in that domain
    - analysis of patient outcomes
    - audit of departmental outcomes including information on where you fit within the team
    - audit of your performance in an area of practice measured against that of your peers
    - taking an aspect of practice such as transfusion rates and comparing your performance to national standards
    - formal double reading of scans or slides and assessment of your results against those of the group

- patient satisfaction survey
  - check that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or for that group of patients. See: <https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice/> for more information.
- **Peer review** (a minimum of 10 hours per year). This is evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It may be formal or informal and can include any time when doctors are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members, including other health professionals, give feedback. In formal peer review, peer(s) systematically review aspects of your work, for example, the first six cases seen, or a presentation on a given topic. Peer review normally includes feedback, guidance and a critique of your performance. Peer review must take place in an environment conducive to:
    - the confidentiality of the patients being discussed
    - the privacy of the doctor whose work is being reviewed
    - mutual learning
    - professional support and collegiality.

Examples of peer review:

- joint review of cases
- review of charts
- practice visits to review a doctor's performance
- 360° appraisals and feedback
- critique of a video review of consultations
- discussion groups
- inter-departmental meetings, which may review cases and interpretations of findings
- mortality and morbidity meetings.

For clinicians, peer review does not include:

- practice management
- matters relating to practice premises or systems
- non-clinical research
- non-clinical education
- participation on College or other committees that are not of a clinical nature.

- **Continuing medical education** (a minimum of 20 hours per year)

This includes:

- attendance at relevant educational conferences, courses and workshops
- self-directed learning programs and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading.

CPD may also include:

- examining candidates for College examinations
- supervising or mentoring others
- teaching
- publication in medical journals and texts
- research
- committee meetings with an educational content, such as guideline development
- giving expert advice on clinical matters
- presentations to scientific meetings
- working as an assessor or reviewer for the Council.

The reporting period is from 1st January to 31st December and members may have a grace period until 31st March of the following year to submit their CPD activities.

## APPENDIX 6

### PDP Example 1

<b>Name:</b>	
<b>Start Date:</b>	1/1/18
<b>End Date:</b>	31/12/18

<b>Objective/s &amp; rationale</b>	Research suggests most people struggle to self-identify learning needs; so it's important to use some objective assessments to identify your learning needs.
<b>Proposed activity &amp; expected outcomes</b>	
<b>Proposed evidence of achievement</b>	

## **APPENDIX 7**

### **PDP Example 2**

#### **RACMA COMPETENCIES**

Professional

Medical expert

Manager

Scholar

Collaborator

Communicator

Advocate

#### **KEY AREAS FOR DEVELOPMENT** (Suggest no more than two)

Please summarise your key development needs in approximately 500 words

#### **ASSESSMENT**

Based on RACMA self-assessment

**PROFESSIONAL DEVELOPMENT NEED**

Reason for choice (Maximum 500 words)

Goal (Maximum 500 words) Please describe your goal in Smart terms.  
(s-m-a-r-t, specific, measurable, achievable, relevant, time specific)

Personal Benefits (500 words)	
Organisational Benefits (500 words)	
Assessment – Development Need (500 words) Outline a new risk that might be involved in reaching this goal.	
Obstacles - Outline any potential obstacles in reaching this goal.	
Plan to overcome any risks or Obstacles (500 words)	
Actions – do	
Resources or support needed (500 words)	

## **ACTION PLAN**

Action Steps (Maximum 700 words)

Approach & Target Date. Review at six months or 12 months (Please circle which appropriate)

Result of Action Plan

Suggestions for Plan

## APPENDIX 8

### PDP Example 3

#### GUIDE to the COMPLETION of A PERSONAL DEVELOPMENT PLAN

##### What is a Personal Development Plan?

The aim of creating a **personal development plan** is to document a process of self-analysis, personal reflection and honest appraisal of your strengths and weaknesses. This should enable you to evaluate the value of the leadership and management training you have received, and to consider your future leadership development.

##### What do I need to do?

An example of a PDP included over the page should be read in conjunction with the requirements outlined below. This task is relatively short, succinct and designed to be helpful in evaluating your leadership development. It enables you to reflect upon your recent experience and to focus on the next stage of your training and development. Creating your PDP has three stages as follows:

**Stage 1 – Personal Analysis.** The first stage is designed to analyse your strengths and weaknesses. You will be able to draw heavily upon your career and the outcomes of courses that you may have attended. These should be supplemented by the perceived opportunities that will have been derived from your experience and any threats to your continued success.

**Stage 2 – Setting Goals.** This involves setting new and clearly definable goals for yourself which are measurable. The example PDP provides clear guidance on identifying these. You will need to consult your immediate superior (your first reporting officer/line manager)

**Stage 3 – Personal Objectives.** This stage involves setting out your personal objectives. These can also be set in context within your civilian employment as shown in the example, which will be helpful in reinforcing its value.

**PERSONAL DEVELOPMENT PLAN (EXAMPLE)**

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Organisation: \_\_\_\_\_

**Date Personal Development Plan Completed:**

**Part 1 – Personal Analysis**

Before setting your short medium and long term personal development plans, you should conduct a personal analysis: Eg - What are my strengths and weaknesses? What external opportunities or threats might affect any plans I might make?

Strengths	Areas for further development
Opportunities	Threats

## Part 2 – Setting Goals

What do I want to learn?	What do I have to do?	What support and resources will I need?	How will I measure success?	Target date for review?

**Part 3 – Personal  
Objectives**

<b>Short Term Goals (next 12 months)</b>
<b>Medium Term Goals (next 2 – 3 years)</b>
<b>Longer Term Goals (beyond 3 years)</b>

