

# Continuing Professional Development

> **Handbook**  
(INTERIM) JULY 2022

ROYAL AUSTRALASIAN COLLEGE  
of Medical Administrators

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## WELCOME FROM THE RACMA PRESIDENT

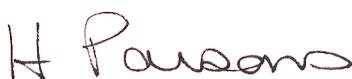
It is critical all health care systems and medical professionals across Australasia are supported by the highest standard of qualified Medical Leadership and Management to enhance the health outcomes of patients, healthcare services, and the communities they serve.

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.



**Dr Helen Parsons CSC FRACMA**  
RACMA President



## A WORD FROM CHAIR CONTINUING EDUCATION PROGRAM COMMITTEE (CEPC)

Providing the best possible healthcare for our patients and community is the cornerstone of good, professional medical practice. Medicine is continuously evolving and, to maintain our expertise, we must continue to develop professionally throughout our career; from before we graduate until after we retire.

The College strives to provide its members with an environment and resources that enhance their growth and development as doctors and, reflecting the importance of Continuing Professional Development (CPD), the College requires that all members complete the CPD program each year. In doing so, Fellows also meet the requirements of the Medical Board of Australia and the Medical Council of Aotearoa New Zealand, for registration as specialist medical administrators. Over the next 12 months, these requirements will undergo major changes and the College program will continue to be updated to align with the new requirements.

This interim handbook describes the College's CPD program and provides examples of the types of activities that we believe 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. We encourage you to design and undertake the activities which will be of most benefit for your particular professional development needs.

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

Best wishes for your CPD endeavours.



**Dr Greg Watters FRACMA**  
Chair – Continuing Education Program Committee



## 1. OVERVIEW

This guide 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/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 national 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.

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).

To comply with RACMA membership obligations, all components of the RACMA CPD program are to be completed on an annual basis by Fellows and Associate Fellows

- **Fellows and Associate Fellows working part-time or as locums** are required to complete their CPD program requirements
- **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.
- **Associate Fellows with general but not specialist registration** may choose the College as their CPD "home"/ provider but are required to complete the same CPD requirements as fellows

### 3. REQUIREMENTS

#### Australian Requirements

##### Fellows

From 1 January 2023, all medical practitioners registered in Australia will be required to nominate and complete the requirements of a CPD program in one or more CPD “homes” accredited by the Australian Medical Council. The homes will primarily be the specialist medical Colleges but some independent education providers may also be accredited.

The minimum requirements of the CPD program are:

- a. A professional development plan tailored for each doctor and targeting their education and development needs. This will aid doctors in identifying their strengths and weaknesses and enable them to map out activities that will be of the most benefit in keeping their professional edge.
- b. CPD activities – a minimum of 50 hours of activity per year including:
  - A minimum of 25 hours in the CPD categories -
    - reviewing performance
    - measuring outcomes
 Doctors will decide the best mix for these activities to suit their development needs, with five hours minimum of each type
  - A minimum of at 12.5 hours of traditional learning or educational activities
  - For the remaining 12.5 hours and any hours above the minimum – doctors choose across the three types of CPD to best suit their development needs<sup>1</sup>

##### Associate Fellows

- a. Must submit a PDP and
- b. Undertake a minimum of 25 hours (inclusive of PDP) of CPD activities relevant to College competencies<sup>2</sup>

To ensure that medical practitioners are responsive to the needs of Australian communities, their CPD activities must reflect a practice that is culturally safe, professional and ethical and addresses issues of health inequities,

Further information on the changes to the MBA's CPD requirements can be found [here](#).

#### Aotearoa New Zealand Requirements

##### Fellows

From 1 July 2022, the recertification of Aotearoa New Zealand Fellows of RACMA as specialist medical administrators requires that they undertake an annual program of at least 50 hours of CPD which includes the core elements of:

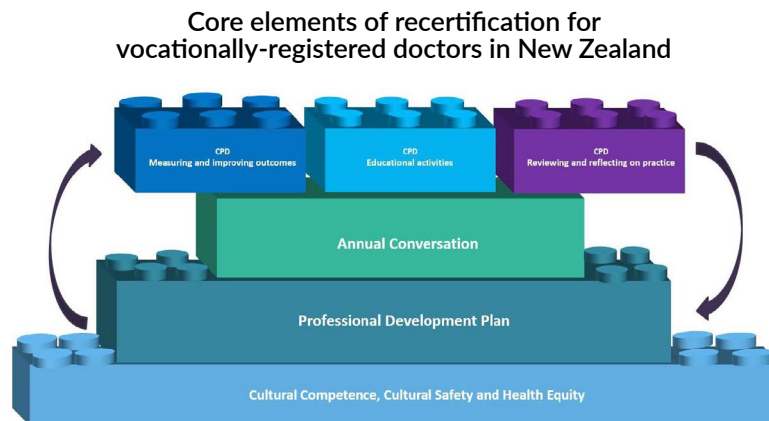
1. A mix of activities, as prescribed by a program provider (RACMA), across the three categories of:
  - Reviewing and reflecting on practice
  - Measuring and improving outcomes
  - Educational activities
2. A structured conversation with a peer, colleague or employer, at least annually, to discuss their continuing professional development including a personal reflection on their practice and a review of their learning aspirations, wellbeing, and career stage and plans.
3. A professional development plan (PDP) which is informed and developed by information gathered from the structured conversation.

<sup>1</sup> <https://www.medicalboard.gov.au/Professional-Performance-Framework/Strengthening-CPD.aspx>

<sup>2</sup> Minimum hours for each type of CPD have not been mandated

Cultural safety and a focus on health equity must be embedded within CPD activities.<sup>3</sup>

The recertification requirements are inter-linked as shown in the following diagram:



MCNZ has given the college discretion in determining the minimum hours for each type of CPD and RACMA's CPD program requires NZ fellows, each year, to undertake:

A minimum of 5 hours CPD activity in each of the categories of:

- a. Reviewing and reflecting on practice and
- b. Measuring and improving outcomes

(With a combined total of 25 hours in these two categories. Doctors will decide the mix of activities which best meet their development needs)

- c. A minimum of 12.5 hours of educational activities.
- d. For the remaining 12.5 hours and any hours above the minimum – doctors choose across the three types of CPD to best suit their development needs

Further information on changes to the MCNZ's recertification program can be found [here](#).

#### Associate Fellows

- Must submit a PDP and
- Undertake CPD, which may include continuing education, measuring outcomes and performance review activities, relevant to medical management and leadership and totaling 25 hours.<sup>4</sup>

#### Fellow with more than one specialty or scope of practice

In Australia the MBA requires doctors to complete the CPD requirements for every specialty in which they are registered. This may require the doctor to nominate more than one CPD home. In Aotearoa New Zealand, the MCNZ requires doctors, to annually undertake 50 hours of professional development activity each year for each of their vocational scopes of practice.

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

<sup>3</sup> <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/recertification-for-doctors-on-a-vocational-scope-of-practice/>

<sup>4</sup> The minimum hours for each category of CPD are not mandated



### **Associate Fellows with general registration only**

Associate Fellows who have general registration but do not have specialist or vocational registration and who work predominately in medical administration may choose RACMA as their CPD home or provider.

In this situation, they will be required to complete the same program as a FRACMA to maintain their general registration with MCNZ or MBA.

### **CPD activities with other Colleges or providers**

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

For example, a course on medical leadership or management at a cardiology conference would meet the requirements of RACMA but a course 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 activities are entered continuously 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 this 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.

The College does not mandate the forms or style to be used in reporting activities, outcomes or reflections but it does provide templates for members' use. A template to record your activities is available at **Appendix 1 (page 30)**.

#### **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.<sup>5</sup>

There are many frameworks available to support reflective practice and lifelong learning. The Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans, the General Medical Council, and the UK Medical Schools Council have published a range of resources to support medical students, doctors in training, senior and specialist medical practitioners in developing their reflective practice.<sup>6</sup>

The following image highlights some of the questions to think about when writing a reflective statement in relation to your CPD activities:<sup>7</sup>

<sup>5</sup> Rolfe, G. Freshwater, D. & Jasper, M. (2001) Critical reflection for nursing and the helping professions: a user's guide, Basingstoke: Palgrave Macmillan

<sup>6</sup> General Medical Council (2018) The reflective practitioner – guidance for doctors and medical students (Accessed 24 September, 2019): [https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance\\_pdf-78479611.pdf](https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance_pdf-78479611.pdf)

<sup>7</sup> Adapted from Natasha Kenny's blog (2010) What is Critical Reflection? Senior Director, Leadership Team, Taylor Institute for Teaching and Learning, University of Calgary (Accessed 24 September, 2019): <https://natashakenny.files.wordpress.com/2017/05/coles-critical-reflection-handout.pdf>

### DESCRIPTIVE What?

- Describe the learning activity or experience
- Explain how it relates to your scope of practice and Professional Development Plan

### ANALYTICAL So what?

- Consider your reaction to the learning activity or experience in the context of your knowledge, skills, assumptions, beliefs, feelings and alternative perspectives or points of view

### CRITICAL Now what?

- Uncover the root causes of your knowledge, assumptions and beliefs
- Discover new meaning and suggest how this experience can impact and inform your future

A template to record your reflections is available at **Appendix 2 (page 31)**.

#### Other functions of MyRACMA:

- The ability to print your own CPD Certificate once your annual record has been approved. Instructions are available on the website.
- 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 found on the MyRACMA page on the College website ([MyRACMA](#))
  - Updating password and personal details
  - How to enter a new activity
  - How to enter a new PDP
  - How to download and print CPD compliance certificate

## 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.

#### 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, professional and ethical and both 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 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>8</sup>

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

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.

There are many ways to demonstrate your compliance with this requirement including through targeted learning and undertaking an audit of the cultural safety of your practice.

#### 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 may also be counted as an activity in the reviewing and reflecting on practice (NZ) or reviewing performance (Aus.) category of CPD. It will be credited with the time taken to develop, to a maximum of 5 hours annually.

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>9</sup>

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 should be undertaken at least annually as part of your CPD and reflections on this conversation may help inform the formation and ongoing maintenance of your PDP.

<sup>8</sup> Australian Medical Council, Proposed Criteria for AMC Accreditation of CPD Homes

<sup>9</sup> <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/recertification-requirements/> accessed 25 February 2022

The PDP is a dynamic document and 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 on your MyRACMA page. The College does not mandate a specific form, but a template which may be useful is available at Appendix 3 (page 32). If you develop a PDP with your employer, then the relevant documentation may be used and uploaded as evidence into your MyRACMA dashboard.

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

- **1 THINK**
  - 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:
    - a. Achievable
    - b. Good value for time and money spent
    - c. Appropriate to your practice
- **3 DO**
  - Do planned activities
  - Evaluate successes and limitations
  - Record in MyRACMA
- **4 REVIEW**
  - Review and reflect on the PDP
  - Revise PDP to acknowledge changing development needs and CPD opportunities
  - Reformulate PDP for next year

### Annual Conversation

An annual structured conversation with a colleague, employer or mentor is a mandatory requirement for MCNZ recertification and is also highly recommended for Australian FRACMAs. It is an excellent way to review and reflect on your practice and will be given a maximum credit of 5 hours in the reviewing and reflecting on practice (NZ) or reviewing performance (Aus.) category of CPD.

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<sup>10</sup>

<sup>10</sup> <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/recertification-requirements>

Evidence that you have had a conversation must be documented in your MyRACMA dashboard. The College does not mandate a specific form, but a template which may be useful is available at **Appendix 5 (page 36)**.

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.

## Wellbeing

Awareness and care of your own wellbeing is a vital part of both your professional development plan and your annual conversation.

These activities should be used to provide 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.

## 5.2. CPD Activity Category 1: Reviewing and Reflecting on Practice (NZ) / Reviewing Performance (AUS)

*For FRACMAs a minimum of 5 hours and a combined minimum of 25 hours with Measuring and Improving Outcomes (NZ) / Measuring Outcomes (AUS.) CPD activities.*

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 annual workplace performance reviews.

Suggested activities include:

- Professional Development Plan
- Annual Conversation
- 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 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. Fees to access the survey and optional 1:1 debrief can be found [here](#).

Other valuable CPD activities in this category include:

### 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 is currently piloting peer support groups for professionally isolated members. Further information can be found [here](#).

### 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 the usual practice setting.

This is a structured process that may take several weeks to complete. It commences with pre-visit preparation and review of documents. This is followed by a practice visit or visits which are preferably face-to-face but 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 guide to collegial visit procedures and reporting templates is available at **Appendix 6 (page 38)**.

## 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

1. Use the College self-assessment tool [here](#) to assess your practice against medical administration competencies. If possible, have your assessment reviewed by a colleague,
2. The College provides a list of past oral examination questions with model answers which can be accessed [here](#) using your MyRACMA login details. Test your competencies by undertaking an examination question. Review your answer against the censors' notes and, if possible, review 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 the 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 in Type 2 CPD Activities below).
- 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.

**Table 1: Summary of Suggested Category 1 CPD Activities – Reviewing Performance (AUS) and Reviewing and Reflecting on Practice (NZ).**

ACTIVITY	DESCRIPTION	EVIDENCE REQUIRED	MAXIMUM HOURS
Professional Development Plan (mandatory)		Plan or documentation that an employment associated plan has been created	5
Structured Conversation (mandatory for MCNZ) (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	5
Multi-source (360°) Feedback		Outline of activity, and a reflection on learning	
Peer Review Support Groups		Outline of activity and a reflection on learning	
Professional Buddying		Outline of activity and a reflection on learning	
Regular Practice Review		Report on activity or a reflection on learning	
Reflective Journal		Report on activity or a reflection on learning	
Self-assessment of Competencies		Report on activity or a reflection on learning	
Third party accreditation of health setting	Participation in accreditation process of health setting by third parties including the Australian Council of Healthcare Standards and specialist Colleges	Summary of accreditation document or recommendations or a reflection on learning	
Client reviews (This may also be a category 2 activity)	Including satisfaction surveys of staff	Summary of findings and reflections on learnings	
Third party (non-FRACMA) review and mentoring e.g., executive coaching, occupational psychologist		Outline of activity and reflection on learning	
Participation in clinical governance, morbidity and mortality and multi-disciplinary processes which include review of your practice		Outline of activity and reflection on learning	
Other			



## 5.3 CPD Activity Category 2: Measuring and Improving Outcomes (NZ) / Measuring Outcomes (AUS)

For FRACMAs a minimum of 5 hours and a combined minimum of 25 hours with Reviewing and Reflecting on Practice (NZ) / Reviewing Performance (AUS.) CPD activities.

These are activities in which the outcomes of your practice or 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:<sup>11</sup>

#### 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.

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

#### 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

#### 5. Implementing Changes

A plan to implement changes to improve outcomes is constructed.

#### 6. Reauditing to assess success

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

<sup>11</sup> <https://elearning.racp.edu.au/mod/page/view.php?id=20257>

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

A template which may be helpful in reporting your results can be found at [Appendix 4 \(page 35\)](#).

## SUGGESTED AUDITS<sup>12</sup>

### 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](#).

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

### READABILITY

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

- [Readability test](#)
- [Hemingway App](#)

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

### NSQHS STANDARDS

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

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, 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.

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<sup>12</sup> RACMA has drawn on the CPD resources of RACP

## 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.

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 and 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 and 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*  
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

- Review and reflect on 5-10 recent reports against a standard such as the AMA Ethical Guidelines for Doctors Acting as [Legal Witnesses](#).
- Compare your report or opinion against other witness reports or medico-legal opinions in the same case and reflect on the completeness and clarity of your report. Identify opportunities for improvement, plan strategies and implement.
- Worker's Compensation Reports: Create 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.

In many jurisdictions, 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 [Wellbeing Matters](#) and [Hospital Health Check](#).

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

Surveys of participant satisfaction in tutorials and other teaching opportunities are also frequently available. Use these results 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

- Audit your success in gaining research funding and compare to other units. Analyse your proposal against a guideline or checklist for writing a successful application e.g. grant proposals.
- Review your or your group's research practices against a relevant section of NHMRC guideline, using a checklist such as this one developed by Austin Health which reviews ethics safety: (ethics checklist)
- Review your performance against some 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

In addition to audits, these are some other CPD activities may be included in this category:

### College committee work and positions relevant to the improvement of medical administration practice

College meetings and work performed by office holders may be relevant in the improvement of the medical administration practice.

These include:

- RACMA Board
- Jurisdictional Committees
- Continuing Education Program Committee (CEPC)
- 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
- CEPC Chair
- ETC Chair
- College Censors
- Accreditation panel Chair

A maximum of 10 hours of College activities is claimable per year.

### 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 and Mortality or Multi-disciplinary team 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 Outcomes (AUS) and Measuring and Improving Outcomes (NZ)**

ACTIVITY	DESCRIPTION	EVIDENCE REQUIRED	MAXIMUM HOURS
Audits of your own practice or of your organisation	As above	Results, outline of activity or reflective statements	
College committee work relevant to the improvement of medical administration	As above	Outline of activity or reflective statement	10
A quality improvement project		Outline of activity or reflective statement	
A Morbidity and mortality or multi-disciplinary team process		Outline of activity or reflective statement	
Leading, analysing, writing reports on healthcare outcomes		Outline of activity or reflective statement	
Other			

## 5.4 CPD Activity Category 3: Educational Activities (AUS & NZ)

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. Ideally activities should be based on the principles of evidence-based education and guided by your professional development needs.<sup>13</sup>

The CPD essence of this category is the required **REFLECTION**:

- What did it teach me?
- What did it cause me to do differently?
- Why did it not have any effect on me?
- What do I seek from medical education?
- How will I use this in my workplace; in my professional life; In my private life?
- Am I better for having attend the session?

Suggested activities include:

- RACMA educational activities:
  - Annual Conference
  - Monthly CPD webinars. Members can access previous webinars at [CPD Webinars](#)
  - Bi-weekly members' forum (if educational rather than a general forum)
  - Jurisdictional education sessions. NSW sessions are available at [NSW Education sessions](#)
- Non RACMA Conferences, tutorials, workshops etc. (relevant to medical administration and leadership).
- Study towards relevant formal qualifications.
- Executive coaching and mentoring.
- Supervised practice attachment.
- Employee provided and/or mandated training which include elements of College competencies.
- Cultural Safety and health equity training: Useful resources can be found at ([MCNZ Cultural Safety](#)) and ([Australian Indigenous HealthInfonet](#))
- RACMA teaching, mentoring and evaluation (limited to 10 hours per year).
- Other Teaching
- Research
- Preparing patient education and clinical guideline material
- Self-directed learning – journal reading etc. members have complimentary access to the [British Medical Journal \(BMJ\) Leader](#) - limited to 10 hours per year
- FRACMA and AFRACMA program (only for first year after graduation)
- RACMA Committee activities (limited to 10 hours per year) may also be a category 2 activity as above.

<sup>13</sup> <https://www.mcnz.org.nz/registration/maintain-or-renew-registration/recertification-and-professional-development/recertification-requirements>

**Table 3: Summary of Suggested Category 3 – Educational Activities**

ACTIVITY	DESCRIPTION	EVIDENCE REQUIRED	MAXIMUM HOURS
RACMA Conference		Recorded by College and/or reflective statement	12
RACMA CPD Webinar		Recorded by College and/or reflective statement	1 per session
RACMA Members' Forum (if educational)		Recorded by College and/or reflective statement	1 per session
Non RACMA Conferences, tutorials, workshops etc		Attendance certificate and/or reflective statement	
Study towards relevant formal qualifications		Outline of activity and/or reflective statement	
Executive coaching and mentoring		Outline of activity and/or reflective statement	
Supervised practice attachment		Outline of activity and/or reflective statement	
Employee provided and/or mandated training		Certificate of completion and/or reflective statement	
Cultural safety and health equity training		Certificate of completion and/or reflective statement	
RACMA teaching, mentoring and evaluation		Outline of activity and/or reflective statement	10
Other Teaching and Research including preparing lectures and writing journal articles etc.		Outline of activity and/or reflective statement	
Preparing patient education and clinical guideline material etc		Outline of activity and/or reflective statement	
Self-directed learning		Outline of activity and/or reflective statement	
FRACMA and AFRACMA program	(Only for first year after graduation)	Recorded by College	50(FRACMA) 25(AFRACMA)
RACMA Committee work	See Cat 2 activity	Outline of activity and/or reflective statement	10
Other		Outline of activity and/or reflective statement	



## 6. REPORTING OF COMPLIANCE AND NON-COMPLIANCE

Members have until 31 March of the following year to complete final entries to their CPD record on MyRACMA for the previous calendar year.

RACMA has a communications plan in place that provides Members with 3 initial reminders plus a final reminder between October of the relevant year and March of the following year to finalise their records.

Between April and June, Members are provided with remediation support from the RACMA CEPC committee and staff 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 and both Medical Board of Australia and Medical Council of New Zealand will be advised immediately of any cancelled memberships for Fellows who are registered as specialist medical administrators.

### Process for Aotearoa New Zealand Members MCNZ CPD Enrolment Confirmation and Audit of Compliance

RACMA is required to confirm, on a quarterly basis, that our Aotearoa New Zealand Fellows are enrolled in the College's recertification program. Those who, at the end of the annual CPD cycle, have not achieved compliance will be reported to the Medical Council of Aotearoa New Zealand as not compliant. Further information regarding recertification can be found [here](#).

#### 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. A quarterly maintenance audit
- b. An annual certification audit
- c. Annual compliance audit

You can find specific information on the Annual Audit of Participation in the College's [Continuing Professional Development Policy](#).

#### 6.2 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
2nd 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
Sign off CPD records	April – June
Internal RACMA audit (10% Members)	July – August

## 7. EXEMPTIONS

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

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

- Significant ill health of the practitioner.
- 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 – e.g., parental or long service leave

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 Education Program Committee (CEPC) and the outcome will be provided to you in writing from the CEPC Chair.

## 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 a CPD program is a requirement for registration and specialist recognition by both the Aotearoa New Zealand Medical Council and the Medical Board of Australia and to maintain membership with RACMA.

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

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### 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.

The requirements are slightly different between Australia and Aotearoa New Zealand and are detailed in pp. 7-9 of this handbook. The MCNZ has stipulated that RACMA should accommodate the changes by 1 July 2022 and the MBA has set a deadline for the College to be prepared by 1 January 2023.

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

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### 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 towards RACMA CPD.

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### 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 to nominate a CPD provider. 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 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 requirement to maintain their AFRACMA membership. This is currently 25 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 limits for the various types of CPD.

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### **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 or submit a reflective statement so that the relevant Jurisdictional CPD Co-Ordinator can assess the validity of their submission.

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

- Entries from a work diary for a month
- Participation in routine work-related activities, which are not related to any of the CPD types – e.g., attendance at a meeting.

## 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 on RACMA website](#)

### RACMA CPD Policies

- [Annual Audit of Participation in Continuing Professional Development](#)
- [Compliance and Exemption from Continuing Professional Development](#)
- [Participation in Continuing Professional Development \(CPD\)](#)

## APPENDIX 1 – Outline of Activity

<b>Date:</b>	
Type of CPD (circle)	<ul style="list-style-type: none"> <li>▪ Reviewing and reflecting on practice</li> <li>▪ Measuring and improving outcomes</li> <li>▪ Continuing education</li> </ul>
Name of Activity	
Nature of Activity	
Learnings and Reflection	
Cultural safety and health equity reflections	

## APPENDIX 2 – Reflection Statement

<b>Title of Activity</b>	
<b>Name</b>	
<b>Date</b>	
<b>Hours Claimed</b>	

<b>My Reflection</b>	
<b>Describe the activity</b>	
<b>How did it relate to my practice PDP or College competencies?</b>	
<b>What did I learn?</b> (In terms of knowledge, skills, assumptions, beliefs, feelings and alternative perspectives or points of view)	
<b>How will I implement my learnings:</b> <ul style="list-style-type: none"> <li>▪ In my workplace?</li> <li>▪ In my private life?</li> </ul>	
<b>Am I better doctor for having participated in this activity?</b>	
<b>What other activities will I do to build on what I have learnt?</b>	

## APPENDIX 3 – Professional Development Plan (PDP)

Name
Department
Organisation
Date Completed

### PART A - PERSONAL ANALYSIS

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

Strengths	Areas for further development
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Opportunities	Threats
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## PART B - PERSONAL OBJECTIVES

**Short Term Goals (next 12 months)**

**Medium Term Goals (next 2 - 3 years)**

**Long Term Goals (beyond 3 years)**

## PART C - SETTING & ACHIEVING GOALS

What do I want to learn?	What do I have to do? What CPD activities will I undertake?	What support and resources will I need?	How will I measure success?	Target date for review?
How will I enhance the cultural safety, health equity and professional and ethical behaviour of my practice?				
Practice Review Activities				
Outcome measurement Activities				
Education activities				

## APPENDIX 4 – Audit Reporting Template (adapted from RACP CPD Guide)

Name		
Audit Title		
Start Date	Finish Date	Total Hours

### Step 1 – Identify the audit you want to complete

1.1. The area of practice that I selected to audit is:

1.2. The question I that the audit was design to answer:

### Step 2 – Develop or select standards

2.1. The performance measures, quality indicators, professional standards or checklist that I used to compare my performance:

2.2. The potential ‘cultural competence and/or health equity’ elements that impacted on this audit and how I handled them:

### Step 3 – Collect data

I collected data using the following methods:

### Step 4 – Analysis and reflection on the results

4.1. The results suggest (also add feedback from peers/colleagues if sought):

4.2. From the results I have learnt:

### Step 5 – Implementing change plan for re-audit

The change I will make/learning I will complete is:

### Step 6 – Plan to re-audit

I will re-audit to measure improvement at the following time:

## APPENDIX 5 – Annual Conversation

<p><b>Annual Conversation Template</b> Please fill in 1-16 prior to conversation Reviewer to fill in 17</p>	<p>An annual conversation is a mandatory re-certification requirement in Aotearoa New Zealand. It may be counted for up to 5 hours as a category 1 (reviewing performance) CPD activity</p>
<p>1. <b>Name of Doctor</b></p>	
<p><b>Signature</b></p>	
<p>2. <b>Name of Supervisor, Colleague, Peer etc (specify)</b></p>	
<p><b>Signature</b></p>	
<p>3. <b>Date</b></p>	
<p>4. <b>Doctor's primary position and location of work</b></p>	
<p>5. <b>Full or Part Time</b></p>	
<p>6. <b>Nature of work performed during normal duties</b></p>	
<p>7. <b>Doctor's secondary position(s)</b></p>	
<p>8. <b>Nature of work performed during normal duties</b></p>	
<p>9. <b>Total hours worked per week including on-call roster</b></p>	
<p>10. <b>College or other professional association activities (estimate of time spent)</b></p>	

<p><b>11. Review of last year</b></p> <ul style="list-style-type: none"> <li>▪ Successes</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Opportunities for improvement</li> </ul>	
<ul style="list-style-type: none"> <li>▪ What have you learned to enhance the cultural safety, health equity and professional and ethical behaviour within your practice</li> </ul>	
<p><b>12. Agreed outcome expectations for the next year</b></p>	
<p><b>13. Formation of Professional Development Plan (PDP) for coming year – aims, actions and method of review</b></p>	
<p><b>14. Satisfaction with position and suggested resources to improve satisfaction and performance e.g., staff, equipment and facilities</b></p>	
<p><b>15. Wellbeing and self-care issues – health and work-life balance</b></p>	
<p><b>16. Future career aspirations – what would like to start doing, stop doing and continue to do?</b></p>	
<p><b>17. SUMMARY and REVIEW</b></p>	

## APPENDIX 6 – Regular Practice Review (RPR)/Collegial Visit Framework

### PART A - PRE-VISIT PREPARATION

#### Documents to be provided to visitor

1. Copy of annual conversation/performance review with peer, colleague or employee (if non-confidential)
2. CPD Certificate for previous year
3. Evidence of Registration
4. Evidence of indemnity insurance
5. Current Professional Development Plan

### PART B

#### Visit

This meeting should be held at least 4 weeks after the practitioner’s annual conversation to allow for a reflection and review of practice and an updating of the professional development plan.

The reviewer/visitor is a senior peer of the practitioner who is independent of the practitioner’s practice and employer. A face-to-face meeting at the practitioner’s usual place of work is preferred but a virtual meeting is also possible.

The meeting should provide an in-depth review of the practice to identify successes and opportunities for improvement and further define activities which would be of most use to the practitioner’s future professional development. It should include direct observations of the practitioner’s work and work environment.

At the start of the meeting the reviewer and practitioner should agree on how the documentation can be shared. Should it remain confidential between them or shared with employers etc for credentialing and compliance purposes.

### PART C

#### Feedback, Review and Sign-off

At the end of the process both the assessor and practitioner should be agreed on the results of the review, any remedial action and the appropriateness of the professional development plan.

#### Collegial Visit

(Reviewer to complete during and after collegial visit).

#### Professional Development Review

<b>Person being reviewed</b>	
<b>Reviewer</b>	
<b>Date and Time</b>	
<b>Place</b>	
<b>Length of Meeting</b>	

## Current Practice

<b>Description of practice</b>	
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Does the practitioner's current practice:

<b>Allow them to maintain their speciality skills?</b>	
<b>Allow them to acquire new knowledge and skills?</b>	
<b>Satisfy their career aspirations?</b>	
<b>Is the current workload appropriate and safe?</b> <ul style="list-style-type: none"> <li>▪ Is the practitioner able to maintain an appropriate work-life balance?</li> <li>▪ Did the practitioner raise any health issues?</li> </ul>	
<b>Has the practitioner identified any issues or barriers to safe and appropriate practice?</b>	
<b>Does the practitioner intend to change their workload or practice during the next 12 months?</b>	

**Maintaining and Developing Skills and Competence**  
(based on current Professional Development Plan)

<p><b>Discussion of continuing educational activities?</b></p>	
<p><b>Discussion of peer review activity including annual conversation and multi-source feedback</b></p>	
<p><b>Discussion of audit activities, measurement and improvement of outcomes and quality improvement activities</b></p>	
<p><b>Discussion of teaching and research</b></p>	
<p><b>Discussion of Cultural Safety and Health Equity issues within practice and actions to address these issues</b></p>	
<p><b>Discussion of CPD activities outside employed practice</b></p>	



## PART C- FEEDBACK

### Reviewers Comments

<p><b>Registration requirements met (including recency and medical indemnity insurance)</b></p>	
<p><b>CPD program meets requirements of College/ Registration authority</b></p>	
<p><b>Practice is culturally safe and cognisant of health equity issues</b></p>	
<p><b>Critical issues within practice requiring attention</b></p>	
<p><b>Practice strengths</b></p>	
<p><b>Opportunities for improvement</b></p>	
<p><b>Suggested modifications to Professional Development Plan</b></p>	

**Practitioner's comments on processes of visit and feedback**

**PART D - FURTHER DISCUSS ON FEEDBACK**

(Optional but may be useful if the feedback has raised unresolved issues)

<b>Brief Description of discussions and agreed resolution</b>	
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**PART E - FINAL SIGN-OFF**

(after agreement on feedback and modification of Professional Development Plan)

<b>Reviewer Name</b>	
<b>Date</b>	
<b>Reviewer's Signature</b>	
<b>Practitioner's Name</b>	
<b>Date</b>	
<b>Practitioner's Signature</b>	