

# Accreditation Report: Criteria for AMC Accreditation of CPD Homes of the Royal Australasian College of Physicians

---

Specialist Education Accreditation Committee

October 2024

November 2024  
Digital

ABN 97 131 796 980  
ISBN 978-1-923118-25-6

Copyright for this publication rests with the  
Australian Medical Council Limited

Australian Medical Council Limited  
PO Box 4810  
KINGSTON ACT 2604

Email: [amc@amc.org.au](mailto:amc@amc.org.au)  
Home page: [www.amc.org.au](http://www.amc.org.au)  
Telephone: 02 6270 9777

**Contents**

---

**Acknowledgements of Country ..... 1**

**Introduction: The AMC accreditation process ..... 1**

**Executive summary: Royal Australasian College of Physicians ..... 2**

**Section A: 2024 Overview of finding..... 5**

    A.1 Findings against the AMC Criteria ..... 5

    A.2 Findings against the MCNZ standards ..... 6

    A.3 List of Commendations, Conditions and Recommendations ..... 7

**Section B: Assessment against criteria for AMC accreditation of CPD Homes..... 9**

    B.1 CPD home context and governance..... 9

**B.2 Provision of the CPD program(s) ..... 17**

**B.3 Support and guidance..... 21**

**B.4 Auditing and reporting ..... 26**

**Section C: Assessment against MCNZ specific standards for assessment and accreditation of  
recertification programmes ..... 28**

**Appendix One Membership of the 2024 AMC Assessment Team ..... 32**

**Appendix Two List of Submissions on the Programs of the Royal Australasian College of  
Physicians ..... 33**

**Appendix Three Summary of the 2024 AMC Team’s Accreditation Program ..... 34**

## **Acknowledgements of Country**

---

The Australian Medical Council (AMC) acknowledges Aboriginal, Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge the Traditional Custodians of these lands and pay respects to Elders past and present, and acknowledge the ongoing contributions of Indigenous Peoples to all communities. We acknowledge government policies and practices impact on the health and wellbeing of Indigenous Peoples and commit to working together to support healing and positive health outcomes.

Through its accreditation and assessment processes for the medical profession, the AMC is committed to improving equity and outcomes for the Aboriginal, Torres Strait Islander Peoples of Australia, and the Māori Peoples of Aotearoa New Zealand.

## **Introduction: The AMC accreditation process**

---

The Australian Medical Council (AMC) is the accreditation authority for medicine under the Australian Health Practitioner National Law Act 2009 (the National Law), which provides authority for the accreditation of programs of study in 15 health professions, including medicine. The AMC accredits programs offered in Australia and Aotearoa New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). Accreditation of all Aotearoa New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The AMC leads joint accreditation assessments of binational specialist medical training programs and continuing professional development programs, which includes members from Aotearoa New Zealand on its assessment teams. Thirteen of sixteen education providers of specialist medical programs, the specialist medical colleges, span both Australia and Aotearoa New Zealand.

In July 2021, Australia's Health Ministers approved an updated Medical Board of Australia *Registration standard: Continuing Professional Development (CPD)*, outlining the Medical Board's minimum requirements for CPD for medical practitioners. Registered medical practitioners engaged in any form of practice are required to:

- Participate regularly in CPD that is relevant to their scope of practice to maintain professional currency
- Maintain, improve, and broaden their knowledge and expertise and competence
- Develop personal and professional qualities required throughout their professional lives.

The AMC is appointed to conduct accreditation functions under the National Law. In January 2023, the *Criteria for AMC Accreditation of CPD Homes* was implemented and the AMC revised its *Standards for Accreditation and Assessment of Specialist Medical Programs* removing the assessment of continuing professional programs as part of specialist medical program accreditation and assessment. All specialist medical colleges, whose continuing professional development programs were previously accredited by the AMC were granted initial accreditation from 1 January 2023 and are required to undergo a subsequent accreditation assessment against the new criteria.

While the two Councils use the same set of accreditation, legislative requirements in Aotearoa New Zealand require the binational colleges to provide additional Aotearoa New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

## Executive summary: Royal Australasian College of Physicians

The Medical Board of Australia sets minimum requirements for Continuing Professional Development (CPD) for medical practitioners. Accredited CPD homes audit and report CPD compliance to the Medical Board. The AMC document, *Criteria for AMC Accreditation of CPD Homes* describes the accreditation requirements for an education provider, an organisation with a primary educational purpose, or an organisation with a primary purpose other than education to be accredited as a CPD Home.

The Royal Australasian College of Physicians (RACP) is an Australian public company and is registered as a large charity with the Australian Charities and Not-for -profits Commission. The College delivers education and training programs for 33 medical specialties across Australia and Aotearoa New Zealand, including continuing professional development programs for medical specialists.

The College’s continuing professional development programs were first assessed and accredited by the AMC in 2004, and an overview of the AMC’s accreditation and monitoring history of the College’s programs is provided below:

Year	Assessment/Report	Decision
2004	Full assessment	Accreditation granted until 30 June 2008.
2008	Follow-up assessment	Extension of accreditation until 31 December 2010.
2010	Comprehensive report	Extension of accreditation until 31 December 2014, subject to satisfactory progress reports.
2014	Extension of accreditation	Extension of accreditation until 31 March 2015 to allow the program to remain accredited until the new accreditation decision could be made.
2014	Reaccreditation assessment	Accreditation granted until 31 March 2021, subject to satisfactory progress reports.
2019	Progress report with visit	Accredited until 31 March 2021. Comprehensive report due in 2020.
2020	Comprehensive Report	Extension of accreditation until 31 March 2025 (Maximum of 10 years accreditation). Reaccreditation in 2024.

### AMC accreditation

Following receiving initial accreditation from the AMC, the RACP submitted a monitoring submission in 2023, which was reviewed by the Specialist Education Accreditation Committee. The College received AMC findings based on this submission, pending the reaccreditation assessment in 2024.

Documentation specific to College CPD Home and MCNZ specific criteria submitted to the AMC by the College and subsequent AMC findings were provided to the assessment team as part of the review. From May to July 2024, the AMC conducted a reaccreditation assessment of the RACP’s education and training programs, including its continuing professional development programs. The assessment visit

was conducted in Sydney, New South Wales from 6 to 9 May 2024, during which the AMC team met with College office bearers and staff. Details of the AMC team and summary of assessment program are in the appendices.

This report contains the findings from the 2024 AMC reaccreditation assessment, as considered by the Specialist Education Accreditation Committee on 24 September 2024, and the AMC’s decision on accreditation.

**Decision on accreditation**

The AMC may grant accreditation if it is reasonably satisfied the organisation meets the accreditation criteria. The AMC may also grant accreditation if the organisation substantially meets the accreditation and imposing accreditation conditions will lead to the organisation meeting the criteria within a reasonable time. Accreditation may be granted with or without conditions, however, when conditions are imposed, the CPD home’s continuing accreditation is subject to it satisfying the conditions.

Having decided, the AMC reports its accreditation decision to the Medical Board of Australia and will provide an annual update to the Medical Board of Australia on whether accredited CPD homes continue to meet the accreditation criteria.

The AMC’s finding is that it is reasonably satisfied that the continuing professional development program of the Royal Australasian College of Physicians **substantially meet** the accreditation criteria.

The 24 October 2024 meeting of the AMC Directors resolved:

- (i) That the Royal Australasian College of Physicians be granted accreditation as a CPD Home for **four years to 31 March 2029**, subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.
- (ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in Section A of this report.

This accreditation decision relates to the College’s specialist medical programs in the following specialties and fields of specialty practice:

Physician	Paediatrics & Child Health
• Cardiology	• Clinical genetics
• Clinical genetics	• Community child health
• Clinical pharmacology	• General paediatrics
• Dermatology (NZ only)	• Neonatal and perinatal medicine
• Endocrinology	• Paediatric cardiology
• Gastroenterology and hepatology	• Paediatric clinical pharmacology
• General medicine	• Paediatric emergency medicine
• Geriatric medicine	• Paediatric endocrinology
• Haematology	• Paediatric gastroenterology and hepatology
• Immunology and allergy	• Paediatric haematology
• Infectious diseases	• Paediatric immunology and allergy
• Medical oncology	• Paediatric infectious diseases
• Nephrology	• Paediatric intensive care medicine
• Neurology	• Paediatric medical oncology
• Nuclear medicine	• Paediatric nephrology
• Respiratory and sleep medicine	• Paediatric neurology

Physician	Paediatrics & Child Health
<ul style="list-style-type: none"> <li>• Rheumatology</li> <li>• Palliative Medicine</li> <li>• Addiction Medicine</li> <li>• Sexual Health Medicine</li> <li>• Occupational and Environmental Medicine</li> <li>• Rehabilitation Medicine</li> <li>• Public Health Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Paediatric nuclear medicine</li> <li>• Paediatric palliative medicine</li> <li>• Paediatric rehabilitation medicine</li> <li>• Paediatric respiratory and sleep medicine</li> <li>• Paediatric rheumatology</li> </ul>

### ***Monitoring and Next Steps***

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the criteria and addressing conditions on its accreditation through annual monitoring submissions. The AMC grants accreditation for a maximum period of six years after an assessment by an AMC team. This period may be extended up to ten years on the basis of a written accreditation extension submission the year before accreditation expires. At the end of the ten year period, the CPD home undergoes a reaccreditation assessment.

The College will submit annual monitoring submissions to the AMC in 2025, 2026 and 2027.

In 2028, before this period of accreditation ends, the AMC will conduct a follow up review to consider extending the accreditation. The education provider may request either:

- a full reaccreditation assessment, with a view to granting accreditation for a further six years.
- a more limited review, concentrating on areas where deficiencies are identified, with a view to extending the current accreditation to the maximum period (six years since the original accreditation assessment)

Please see section 5.2 of the accreditation procedures for a description of accreditation options for accreditation periods granted under six years.

## Section A: 2024 Overview of finding

The following summarises the findings of the educational provider's continuing professional development program against the *AMC Criteria for CPD Homes*.

### A.1 Findings against the AMC Criteria

In the table below, M indicates a criterion is met, SM indicates a criterion is substantially met and NM indicates a criterion is not met. The relevant *MCNZ specific standards for assessment and accreditation of recertification programmes* are highlighted along the corresponding AMC criteria.

Criterion 1: CPD home context and governance				Specific MCNZ Standard(s)
1.1	Capacity	SM	This criterion is Substantially Met	
1.2	Governance Structure	M		
1.3	Program requirements, content, and fees	M		1.1.1
1.4	Program requirement alignment	SM		1.1.3
1.5	Application of policies and processes	SM		1.1.1
1.6	Review and appeal processes	M		
1.7	Continuous improvement	M		1.1.12

Criterion 2: Provision of CPD program				Specific MCNZ Standard(s)
2.1	Tracking systems and processes	SM	This criterion is Substantially Met	1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8
2.2	Recognition of CPD activities	M		1.1.11
2.3	Exemption of requirements	SM		
2.4	Communication	M		
2.5	Record storage and retention	M		
2.6	Transfer of records	M		

Criterion 3: Support and guidance				Specific MCNZ Standard(s)
3.1	Provision of guidance and learning resources	SM	This criterion is Substantially Met	1.1.9, 1.1.10
3.2	Risk identification and support	M		1.1.13
3.3	Further training	SM		
3.4	Remediation	SM		

Criterion 4: Auditing and reporting				Specific MCNZ Standard(s)
4.1	Audit Activity	SM	This criterion is Substantially Met.	1.1.4
4.2	Compliance reporting	NA		1.1.15
4.3	AMC Monitoring	NA		



## A.2 Findings against the MCNZ standards

In the table below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

<b>Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes</b>			
<b>1.1.1</b>	Provision of the recertification programme	M	The overall finding is <b>Substantially Met</b>
<b>1.1.2</b>	Stakeholder input and determination of recertification programme requirements in line with MCNZ requirements	M	
<b>1.1.3</b>	Requirements for maintaining/developing safe and appropriate practice, including cultural safety, ethics and professionalism	SM	
<b>1.1.4</b>	Determination of appropriate activities under each CPD category	SM	
<b>1.1.5</b>	Requirement for a mix of activities under each CPD category	M	
<b>1.1.6</b>	Requirement for an annual structured conversation	M	
<b>1.1.7</b>	Requirement for a professional development plan	SM	
<b>1.1.8</b>	Embedding cultural safety and health equity across all three CPD categories	M	
<b>1.1.9</b>	Availability of a multisource feedback process	M	
<b>1.1.10</b>	Availability of a regular process for collegial practice visits	M	
<b>1.1.11</b>	Process for recognising and crediting recertification activities	M	
<b>1.1.12</b>	Continuous improvement of the recertification programme	M	
<b>1.1.13</b>	Monitoring participation and reviewing participant progress	SM	
<b>1.1.14</b>	Regular auditing of programme participant records	M	
<b>1.1.15</b>	Reporting to the MCNZ	M	

### A.3 List of Commendations, Conditions and Recommendations

#### **Commendations**

*Areas of strength or achievement of the education provider.*

- A The expertise and support provided by professional staff across educational and operational aspects of the CPD program.
- B The definition of the resources in three categories supports practitioners in its utilisation to meet CPD requirements.
- C The quality and breadth of the current online learning resources and activities.

#### **Conditions on Accreditation**

*Imposed to enable the education provider to meet accreditation criterion by timelines indicated.*

<b>Condition</b>	<b>To be met by</b>
1 Provide an allocated budget for the CPD program with clear financial contingency plan for potential reduced retention of fellows and increase of non-fellow members. (AMC 1.1)	2025
2 Promote clear requirements for the four mandatory program-level requirements with related activity (culturally safe practice, addressing health inequities, professionalism and ethics). These requirements and related activity must: <ul style="list-style-type: none"><li>i. Align with Professional Practice Framework.</li><li>ii. Be documented in the MyCPD Platform.</li><li>iii. Include mandatory activities to develop culturally safe and reflective practice.</li><li>iv. Be clearly communicated to fellow members and non-fellow members as appropriate (AMC 1.4, 2.1.2, 3.1 and MCNZ 1.1.3, 1.1.4, 1.1.7)</li></ul>	2025
3 Review and update the CPD Participation policy and relevant documents to clearly define the scope of requirements for participation and audit for both fellow and non-fellow members to ensure consistent and fair application of processes (AMC 1.5, 4.1 and MCNZ 1.1.13)	2025
4 Formalise and/or make publicly available: <ul style="list-style-type: none"><li>i. Policies and processes for granting exemptions from requirements of the CPD program (i.e. MyCPD Interactive Handbook) (AMC 2.3)</li><li>ii. Policies and processes to respond to advice on CPD activities for further training and remediation (AMC 3.3 and 3.4)</li></ul>	2025

## **Recommendations for Improvement**

*Areas for education provider to enhance or optimise.*

- AA Working with wider College initiatives,
  - i. Incorporate Aboriginal and/or Torres Strait Islander and community/consumer representation on the Australasian CPD Committee to ensure interests of relevant stakeholders are included. (AMC 1.2)
  - ii. Incorporate comprehensive external stakeholder consultation in continuous improvement of the CPD program to ensure requirements for Australia and Aotearoa New Zealand are clearly articulated (AMC 1.7 and MCNZ 1.1.2 and 1.1.12).
  
- BB Identify any specialist high level requirements in relation to joint/dual training requirements, and clearly and publicly communicate to members the potential need to enrol in additional CPD programs (AMC 1.4, 2.1.3, 2.3 and 3.1.6)
  
- CC Improve notification timeframes to MCNZ for non-compliance and notification of withdrawal (MCNZ 1.1.15)

**Section B: Assessment against criteria for AMC accreditation of CPD Homes**

**B.1 CPD home context and governance**

<b>1.1 The CPD Home has ongoing capacity to provide a sustainable CPD program(s) at reasonable costs to practitioners.</b>	<ul style="list-style-type: none"> <li>• There are appropriate financial resources and allocated budget for the CPD program(s).</li> <li>• There are sufficient human resources to manage, evaluate and develop the CPD program(s), and to provide advice and guidance to practitioners on CPD. This will include appropriate medical, educational and information technology expertise.</li> </ul>		
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	NA

The RACP is an established specialist medical college representing 30,000 medical specialists and trainee specialists from 33 different specialties in Australia and Aotearoa New Zealand. The College is a member-organisation receiving revenue from membership training fees, SIMG assessment and through the RACP foundation. The Colleges CPD Program, MyCPD, is funded through membership fees, of which 25% is currently utilised to deliver the College’s CPD program, as well as from SIMG assessment fees. The MyCPD program is open to non-fellow members practising in one of RACP’s specialties and is not intended to be open to practitioners in other approved medical specialties in Australia and Aotearoa New Zealand.

The College is reviewing the viability of its CPD program, having retained 80% of current full fee-paying fellows since the inception of CPD Homes, though is not currently considering moving from its membership model to a fee-for-service approach. The College’s budget and annual report does not clearly indicate a financial contingency plan should it continue to lose membership and how it intends to manage this risk. The College’s current strategy is to maintain membership by providing a quality product to encourage increasing numbers of Fellow and non-Fellow users. They also provide a modified product for trainees and encourage continuing the full program when near completion of training and likely to continue with the RACP as a CPD Home. Non-Fellow participants, who want to have a quality product relevant to their practice, will also potentially select the College as a CPD Home.

There is yet to be sufficient time to test the sustainability of the program, but the risk appears to be currently low with some redundancy in budget and strategies to maintain participation in the future. The College has also increased College fees by 6% in 2024 to maintain income in response to inflation. There is a financial risk if sufficient Fellows move to other CPD homes. This may occur if CPD is considered a minimum regulatory requirement, resulting in more affordable or appropriate products being chosen from other CPD providers. This could also result in the loss of Fellowship (loss of post-nominals) for those individuals, but not necessarily speciality recognition by AHPRA. The AMC would like the College to provide a clearer budget and contingency plan for financial viability of the CPD program related to percentages of retention of fellow participation and increases in non-fellow member participation.

The Professional Practice team has primary responsibility for the delivery of the College’s CPD program including:

- Development and evaluation of the MyCPD framework to meet government regulations and participant professional development needs, under the oversight of the College Education Committee
- Support, maintenance and continuous improvement of the MyCPD recording platform to ensure participants can easily record CPD activities to meet their compliance obligations

- Support, guidance and education provided to participants on their CPD requirements which includes substantial follow-up for those identified as at-risk of being non-compliant
- Advice to potential participants to ensure their product is suitable for individual needs according to professional or regulatory requirements, particularly for dual-trained or non-Fellow participants
- Development of resources to support quality CPD across all categories

The CPD program is well-supported by professional staff and fellows who contribute expertise to specific areas including medical education, education technology, cultural safety and health equity, information technology, finance, and professional matters. There are three medical specialists employed by the College to provide advice – the Dean, Executive General Manager, Education, Learning and Assessment, and Lead Fellow, Education, Learning and Assessment – and covers CPD programs for both Australia and Aotearoa New Zealand.

<p><b>1.2 The governance structures are appropriate for the provision of the CPD program(s).</b></p> <ul style="list-style-type: none"> <li>• The CPD home identifies potential conflicts of interest and undue influence from any other part of its business or from external stakeholders. Interests are appropriately managed through governance processes and decision making about the resourcing and management of CPD programs.</li> </ul>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	NA

The College is governed by a Board of Directors (the Board), constituting RACP fellows and community members with the College Education Committee (CEC) responsible for overseeing the development and implementation of College-wide education policy, approving new and amended training and CPD requirements across Australia and Aotearoa New Zealand. There are clear by-laws guiding the work of the CEC which includes a role of an education expert, not necessarily a fellow of the College.

The Australia and Aotearoa New Zealand CPD Committee has been established since 2014, promoting CPD participation and ensuring CPD programs meet the needs of fellows and regulators. State Committees were established by the Board and facilitate state-based participant engagement, running and supporting professional development activities. Terms of reference guide the role and membership of these committees.

The CPD Committee consider CPD and recertification regulation to make recommendations for policy, framework or standards changes to the CEC, who have responsibility for approval. This committee consists of members from both Australia and Aotearoa New Zealand including an Advanced Trainee. The Chair of the CPD Committee sits on the CEC.

The Aotearoa New Zealand Committee was established to address specific regulatory requirements, recommending policy changes, and developing educational resources through the overarching CPD Committee. There is a representative of the Māori Health Committee on the Aotearoa New Zealand Committee and terms of reference acknowledge Te Tiriti o Waitangi (the Treaty of Waitangi).

The team notes there isn't a community member on either CPD Committee and there isn't Aboriginal and/or Torres Strait Islander representation on the Australasian CPD Committee. The College is undergoing governance review and should consider updating review terms of reference to include these positions to ensure appropriate provision of the CPD program as detailed under 1.4 and 2.1.

*Conflicts of Interest Policy*

The College has a comprehensive conflict of interest policy with procedures to effectively identify, disclose and manage conflicts of interest applicable to all College bodies. The policy is included as

an agenda item for all College meetings and members of College bodies have the opportunity to disclose conflict of interest at various points in the meeting. Conflict of interest disclosures are recorded in meeting minutes and in a central register of interested, maintained by the Company Secretary.

This policy is supported by a delegation of routine decisions to key College staff in accordance with the CPD participation policy if a practitioner is deemed to be non-compliant with notification to the CPD Committee. All College staff are also required to disclose any conflicts of interest in the discharge of their duties.

<b>1.3 The CPD home makes a detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s) and any changes to these publicly available.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.1

The MyCPD Program is available to College members as part of their annual subscription fees currently at AUD 2118 and NZD 2214.27, inclusive of GST. Non-fellow members practising RACP specialties can access MyCPD at the same cost as members. Overseas trained physicians on the specialist pathway access the program through annual work-based assessment fee at AUD 4439, inclusive of GST.

Aotearoa New Zealand overseas trained physicians are not required by the MCNZ to enrol in a College CPD program, however, they can participate if they wish to. They will be required to enrol in a CPD program when changing from provisional vocational registration to full vocational registration.

The MyCPD program is self-directed to enable practitioners to cover their scope of practice and the fees cover all content, resources, tools, and templates to support completion of activities. The College does not currently charge for modular access to content or resources. The requirements and fees associated with the provision of the CPD program is to be updated with implementation of program level requirements discussed under Criteria 1.4 and 2.1.

<b>1.4 All CPD program-level requirements are aligned to <i>Good medical practice: a code of conduct for doctors in Australia</i> and informed by evidence-based practice. The program-level requirements refer to culturally safe practice, addressing health inequities, professionalism, and ethical practice.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.3

The College has mapped program-level requirements and the RACP’s Professional Practice Framework (PPF) to Good Medical Practice with cultural safety, addressing health inequities, professionalism and ethics domains embedded within the MyCPD program. The PPF establishes an overarching set of standards to guide ongoing learning, regardless of specialty and integrates medical expertise and professional skills. At the time of this assessment, it is unclear if cultural safety, addressing health inequities, professionalism and ethics are set as program level requirements by the College.

**Program level requirements**

Since 2019, the College has taken a proactive approach to transitioning CPD participants to new regulatory requirements, adopting a staged, multi-year approach to implementing program level requirements. The College indicated the process of making meaningful changes to program level requirements to meet CPD Home requirements will take greater than six months for consultation, approval, and release. While this is commendable, the AMC considers ongoing requirements for

participants are yet to be clearly articulated and this potentially contributes to compliance challenges faced by a significant proportion of participants.

The AMC supports a considered approach, however, stresses the requirements for all CPD Homes to set program requirements have been publicly known since 2022. Moving forward, the College's CPD program must explicitly state how program level requirements are being addressed in each domain with relevant activities described.

The College needs to confirm mandatory program-level requirements for participants to complete activities in Cultural Safety, Health Equity, and embed and mandate program-level requirements of Professionalism and Ethics into the CPD program. Mandatory activities in Professionalism and Ethics are planned for 2025 and is a requirement of CPD Home platforms. The platform already has the ability to record activities against the Professional domains of the Professional Practice Framework, but these are not mandated.

### **Specialist high level requirements**

In 2023 and 2024, the College has yet to introduce or set specialist high level requirements, as it does not currently intend to admit participants from other medical specialties in its CPD program, The College expects a high number of non-Fellow members to be doctors without specialist registration and those expected to, will be specialist international medical graduates or PGY3+ doctors. The College is managing this by ensuring participants identify the scope of their medical registration upon enrolment, which is checked by the College CPD team to provide advice on whether specialist high level requirements may be completed with another CPD home to comply with the MBA registration standard.

Although the College does not currently intend to admit participants of other medical specialities in its CPD program, it does extend training in RACP specialities to other medical specialists and is involved in dual training programs. Given the breadth of its education and training program, it is an opportunity for the College to lead in this area and will be asked to provide updates on the outcomes of its considered approach to the AMC in subsequent reports.

### **Embedding cultural safety activities**

With regards to embedding cultural safety and health equity into the program, the College has been advised by its Aboriginal and Torres Strait Islander Health Committee to focus on embedding an approach to encourage reflective practice, rather than set CPD activities/hours. The AMC also notes the College has recruited two senior project officers (0.5 FTE) to support development of CPD resources and building culturally safe practice in the College. One of these roles reports into the current *Kaitohutohu Ahurea* in Aotearoa New Zealand. The templates for cultural safety activities (i.e., audit, CPD reflection, annual conversation) have been updated to include prompts for reflection with the cultural safety domain in the MyCPD Platform auto selected with no option to deselect. These templates and prompts do not currently exist for activities related to health equity domain.

The College has mandated the completion of the Annual Conversation (for all CPD Participants), Professional Development plan which includes reflection, and embedding Cultural Safety and Issues of Health Equity in CPD activities. 'Cultural Safety and Issues of Health Equity' seems to be used as an umbrella term is captured within the Professional Practice Framework definition as well as the professional standard for cultural safety. This includes understanding concepts embedded within cultural safety such as minimising power differentials, racism, social determinants of health and ongoing impacts of colonialism. These aspects contribute to health inequities in Indigenous populations and peoples from all minority populations and diverse backgrounds, including women, LGBTQIA+ or migrant/refugee communities. From 2025, CPD Participants will need to tag completion of relevant activities that demonstrate professional development in cultural safety and addressing health inequities. Health Equity is also referenced within other domains of the professional practice framework i.e. Health Policy, systems and advocacy) but activities in this area are self-directed.

<b>1.5 There are publicly available policies and processes for joining the CPD Home. These are applied consistently and fairly, free from bias or discrimination.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.1

The College has publicly available policies and procedures provided on its website for both fellows and CPD members:

- Becoming a fellow (<https://www.racp.edu.au/fellows/becoming-a-fellow>)
- Readmission into fellowship ([https://www.racp.edu.au/docs/default-source/about/policies-and-guides/re-admission-to-fellowship-policy.pdf?sfvrsn=9e76d01a\\_4](https://www.racp.edu.au/docs/default-source/about/policies-and-guides/re-admission-to-fellowship-policy.pdf?sfvrsn=9e76d01a_4) )
- Joining as a CPD member with the RACP (<https://www.racp.edu.au/fellows/continuing-professional-development/mycpdhome>)

All aspects of the MyCPD program are available to non-fellow members of the College and applications are processed in accordance with the [CPD participation policy](#).

#### *CPD Participation Policy*

The CPD Participation Policy outlines the requirements for joining the CPD program. The CPD participants are defined as Fellows, Trainees, eligible OTPs (Overseas trained physician or paediatrician under assessment via the specialist pathway in Australia), or CPD Users (A participant in MyCPD who does not hold Fellowship, is not enrolled in an RACP training program and is not undertaking OTP assessment).

The CPD Participation Policy is due to be reviewed by 1 January 2025 and should provide additional information to better inform applicants about the scope of the RACP CPD program and that applicants should ideally have a similar scope of practice to take best advantage of the program. Any process for vetting applications should be transparent and consistent. Information should be available to clarify that Specialist High-Level Requirements for specialists from other Colleges will not be tracked on the RACP CPD site.

Relevance to an individual's scope and jurisdiction of practice are important factors in choosing a CPD home to ensure it best meets their professional needs. The Policy does not guide potential applicants as to why the RACP program is most appropriate. The CPD User Application form describes that the program is suitable for medical practitioners practising in an RACP specialty regardless of registration type, which may provide some guidance.



### Guide for non-member fellows

The AMC observes, regardless of the above documentation, that there is no guide or information for non-member fellows on why the RACP’s MyCPD program may be suited as a CPD Home. In addition, the information provided does not clearly state the way policies and processes for CPD homes are applied nor does it provide qualifying statements that applicants must come from an “appropriate jurisdiction”. These aspects must be made clear in order to provide assurance consistency, fairness, bias and discriminatory practices are managed appropriately.

The application form also asks for the specialty details, scope of practice and reason for applying to the RACP CPD program. This information may trigger concern in the CPD team regarding appropriateness of the application but there is no formal process to vet the applications to ensure they are in the best interest of the applicant. This is relevant for non-fellow members, but also fellows from other Colleges, and dual-trained Fellows who may require CPD programs from each College. The team noted that the professional staff in the CPD team were proactive and offered bespoke advice to some potential applicants, but this may not be a consistent practice.

<p><b>1.6 There are publicly available processes for review and appeal of the CPD home’s determination that:</b></p> <ul style="list-style-type: none"> <li>○ a practitioner’s CPD activity does not meet the requirements of the CPD program</li> <li>○ a practitioner has not complied with the Registration standard: CPD</li> </ul> <p><b>and these are fair and consistently applied.</b></p> <ul style="list-style-type: none"> <li>● There is a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</li> </ul>			
<b>Finding</b>	<b>Met</b>	<b>MCNZ Specific Standard (s)</b>	<b>NA</b>

The College’s [Reconsideration, Review and Appeals Process By-law](#) provides a publicly available policy and procedure on its website, for the reassessment of specified decisions made by College Bodies. This policy and related procedures currently apply to CPD homes, the College’s specialist medical training program and available to training sites on the College accreditation process.

The three stages of the College’s internal process for the reassessment of specified decisions are:

- Reconsideration – by the same College Body that made the Decision
- Review – by the parent committee that oversees the College Body that made the Decision
- Appeal – to an appeals committee appointed by the Board.

Each of these stages involves a review 'on the merits', meaning the relevant decision maker is required to reassess the facts and circumstances related to the decision and make a new decision, including any additional material provided by the applicant or otherwise obtained by the decision maker subject to certain clauses.

The College’s Complaint Management Policy and Procedure supports the management of anonymous complaints and course of action taken depending on information provided by the complainant. The roles, responsibilities and accountability of the committees and staff responsible for managing complaints is clearly stated in the policy. There is monthly reporting up to the Senior Leadership Team, two Board Committees (the College Trainees’ Committee and the Fellowship Committee) and the RACP Board which includes deidentified information on:

Volume of complaints received by member type (e.g.: trainee, Fellow, CPD Participant, anonymous);

- Median resolution timeframe for complaint management;
- Key themes for complaints;
- Commentary about the key themes and actions being taken to address these (may be a process or system change or informs a new project).
- Potential risk impact of complaint key themes

Appeals are managed separately to complaints, falling under the reconsideration, review and appeals process. While there is no fee applied for reconsideration, there are fees for review and appeals as stated on the [College website](#). At the time of the 2024 assessment, these fees are:

Application Fees	Australia	New Zealand
Review (including GST)	AUD 1271	NZD 1328.77
Appeal (including GST)	AUD 7611	NZD 7956.95

The assessment team observed there was generally a low rate of appeals and considered the cost of appeal might be prohibitive. In addition, the current policy does not explicitly state if successful appeals will receive a return of fees paid. While it is understood there are costs associated with running an appeals process, the current fee rate may be prohibitive to the vast majority in addition to the caveat of the potential of not being refunded in the event of a successful appeal. The College needs to consider the fairness of this process to identify ways to support reasonable requests for an appeal.

The team also notes the College may be looking into a separate appeals process for training sites as part of the accreditation and may wish to consider if a separate process is also required for its MyCPD Program as there may be contextual differences.

<p><b>1.7 The CPD home demonstrates continuous improvement of its CPD program(s) and supporting guidance to meet changing needs and respond to:</b></p> <ul style="list-style-type: none"> <li>○ the outcomes of the CPD home’s audit and support processes</li> <li>○ feedback from practitioners, the Medical Board of Australia, and the AMC.</li> </ul>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.12

There is evidence the College has various processes to support the continuous improvement of the MyCPD program including development of resources, tools and templates to support CPD requirements. While there are areas to develop to meet program level requirement, there is commitment to undertake change in response to developments in domains such as healthcare delivery, education and training, and cultural safety.

Current improvement strategies include increased engagement with users to provide personalised assistance, increasing automation of recording of activities, further roll-out of health equity and cultural safety information, and increasing and improving educational material, both in-house (MedFlix) and use of curated external links.

There is an annual audit process of MyCPD participants and the CPD team evaluate the audit process for the CPD year to develop and implement necessary changes. Through the annual Member Satisfaction Survey, fellows and non-fellow members are able to provide feedback to inform the development of the MyCPD program. The College will be looking to undertake a co-design approach with fellows to develop CPD technology. The team is supportive of a co-design approach and

encourages the College to incorporate similar methodology in the development of resources for the MyCPD Program.

---

**B.2 Provision of the CPD program(s)**

<p><b>2.1 The CPD home has reliable and effective systems and processes to store evidence and track practitioners’ progress towards meeting:</b></p> <ul style="list-style-type: none"> <li>• the requirements of the Registration standard: CPD           <ul style="list-style-type: none"> <li>○ develop a written annual professional development plan</li> <li>○ complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs</li> <li>○ allocate your minimum 50 hours per year between the following types of CPD activities:               <ul style="list-style-type: none"> <li>- at least 12.5 hours (25 per cent of the minimum) in educational activities</li> <li>- at least 25 hours (50 per cent of the minimum) in activities focused on reviewing performance and measuring outcomes, with a minimum of five hours for each category, and</li> <li>- the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum across any of these types of CPD activity.</li> </ul> </li> <li>○ self-evaluate your CPD activity at the end of the year as you prepare your professional development plan for the next year</li> <li>○ retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle.</li> </ul> </li> <li>• the program-level requirements, and</li> <li>• any relevant specialist high-level requirements.</li> </ul>	<p><b>Finding</b></p>	<p>Substantially Met</p>	<p><b>MCNZ Specific Standard (s)</b></p>	<p>1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8</p>
--	-----------------------	--------------------------	--	--

The MyCPD platform is a web-based platform customised for participants to record and track completion of CPD activities and evaluate progress to meeting requirements. The interface of the MyCPD platform enables participants to:

- Record CPD mandatory and optional activities.
- Track progress/status for the current year and access historical CPD records.
- Receive a ‘certificate of completion’ when requirements are completed.
- View a tracking bar indicate the activities and number of hours completed against the requirements for each category.

The MyCPD platform supports College staff to record activities on behalf of participants following participation in an identified activity in the MyCPD framework. Bulk attendance recording is also facilitated on the platform. The College is looking into ‘auto-populating’ these activities in the next technology development of the platform.

**2.1.1 Registration standards**

The College’s MyCPD platform enables customisation to record MBA and MCNZ regulatory requirements and hours completed, selecting the activity type linked to the appropriate category, namely:

Category 1: Educational activities

Category 2: Reviewing Performance

Category 3: Measuring Outcomes.

The MyCPD Interactive Handbook: Developing a Professional Development Plan supports participants to complete CPD requirements, including templates, examples and enables participants to plan CPD activities within their scope of practice. Participants are also able to upload records relating to their annual CPD and stored on the MyCPD platform for a ten-year period according to the College’s privacy policy.

While there is evidence of the web-based platform supporting recording of CPD activities with guidance on identifying activities to align with learning goals and evaluation of activities. The system supports the development of the annual professional development plan or allows CPD participants to upload one. There is also the opportunity for self-reflection through this process. The annual Professional Development plan assists with planning learning goals for the coming year. The subsequent year’s plan assists in evaluating the previous year’s learning.

### **2.1.2 Program level requirements**

The College has enhanced its MyCPD platform to record against any Professional Practice Framework Domains including ethics and professional behaviour, and cultural safety. The College has developed the professional practice framework domain of ‘cultural safety’ aligning with the MCNZ definition of cultural safety. The domain of cultural safety incorporates recognising and addressing health inequities. There needs to be clear communication to participants on how it has chosen to define this term in the MyCPD platform and how the program level requirements should be met. The College also needs to update references to the term ‘Fellows’ especially if variances apply for fellows and non-fellow members apply within its CPD program and platform.

As the College is still required to work towards development of program level requirements (see Criteria 1.4), the MyCPD platform may also require further improvement to support implementation.

### **2.1.3 Relevant specialist high-level requirements**

The College’s MyCPD program framework and platform is drawn together from requirements of the MBA and MCNZ, enabling participants to self-direct learning as relevant to scope of practice. The College is yet to set specialist high level requirements as discussed in Criteria 1.4, though it appears the online CPD platform can support recording if this should evolve in future. As the CPD program is focused on RACP specialities and not intending to track specialist high level requirements for other specialities in the short term, the information provided on the website does not clearly state this policy and should be updated.

<b>2.2</b>	<b>The CPD home applies a framework and supporting policies and processes for assessing and recognising CPD activities, including those that are provided by different organisations. The assessment is based on relevance and educational value. The framework is publicly available.</b>		
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.11

The *RACP Guide for Choosing CPD Activities* was finalised by the relevant College Indigenous Health Committees and made publicly available to CPD participants in February 2024. This Guide provides advice to CPD participants including fellows on selection of appropriate activities, internal and external, aligned with new regulatory requirements in Australia and Aotearoa New Zealand. The College advises the RACP Guide for Choosing CPD Activities was updated in September 2024 to include all CPD participants, including CPD users (non-members), fellows & CPD interrupted trainees.

The RACP provides a number of online resources which describe the CPD framework and documents that assist participants in navigating the program:

- CPD Framework
- CPD Simplified: An Introduction to the MyCPD Framework
- RACP Guide for Choosing CPD Activities

The [Resourceful Physician](#) currently acts as a repository for a range of external resources reviewed and recommended by members.

<b>2.3 There are publicly available policies and processes for granting exemptions or variation to the requirements of the CPD program(s), including in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances, such as cultural responsibilities. These are implemented fairly and consistently to support flexible practice.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	NA

The College acknowledges exceptional circumstances which may impact an individual’s ability to meet requirements of the CPD program through its CPD participation policy. The exemptions are detailed in the MyCPD Interactive Handbook, which is not currently publicly available, and include:

- Practising doctors registered with the MBA or MCNZ applying for leave of absence from practice for six months or more within one MyCPD calendar year.
- Temporary occurrences such as sick leave, carers leave, long service leave, parental leave, cultural responsibilities, personal hardship, amongst other significant absence from practice

The College does not recommend claiming consecutive years of exemption, aligning with the MBA’s Recency of Practice Registration Standard. Participants who hold dual fellowship within another medical specialty may select the CPD program which best meets their scope of practice, noting there is an exception to Aotearoa New Zealand participants who hold vocational registration in both internal medicine and pathology, and practise haematology must participate in both RACP and RCPA’s CPD programs. This may serve as an example of how specialist high level requirements may be developed as discussed in Criteria 1.4.

Participants may also withdraw from the MyCPD program if they are completing an alternative accredited CPD program or retired as an active health practitioner, of which practice is not restricted to clinical care.

To satisfy this criteria, the College must make policies and processes available publicly, and ensure any distinction for fellows and non-fellow members be made clear.

<b>2.4 Changes to the CPD program(s) are communicated in advance, in a timely, transparent and accurate way, and are made publicly available.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

Since 2019, the College proactively managed the transition of the MyCPD program by introducing stages of change and measuring outcome activities for all practitioners across Australia and Aotearoa New Zealand. The CPD team developed a strong communications plan to convey changes to the MyCPD framework and program to meet regulatory requirements, commencing with formal communication in September 2022. Communication methods utilised are multi-modal, including through, website updates, email, hard copy letters, newsletters, social media, webinars, and videos.

Conceptually, this satisfies the criterion though the effectiveness of communication methods may need to be evaluated as evidenced by significant proportion of fellows failing to meet new compliance requirements, as discussed in Criterion 1.4.

<b>2.5 There are publicly available policies on practitioners’ CPD record storage, retention, disposal, privacy and access that are implemented consistently.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The College’s [CPD Participation Policy](#) states participant CPD records will be retained for a maximum of ten years in accordance with its [Privacy Policy](#). The current MyCPD platform holds records and files from 2016 onwards. The system automatically retains all CPD records. Once the system has reached 10 years of records, the Professional Practice team will remove records and files from the MyCPD system in line with the CPD participation policy. Both policies are publicly available.

<b>2.6 The CPD home has systems and processes to allow practitioners to maintain, share and transfer their records to other CPD homes.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

Participants of the College’s MyCPD program may access certificates of completion and record statements from the online platform, including a detailed activity statement if required to share with another CPD home. The College’s CPD team may also assist to do this on their behalf to provide any records via email.

### B.3 Support and guidance

<p><b>3.1 The CPD home provides guidance and learning resources for practitioners on CPD activities that support them to develop and improve their practice in line with requirements of the CPD program. This includes:</b></p> <ul style="list-style-type: none"> <li>• the requirements of the Registration standard: CPD</li> <li>• developing culturally safe practice, including guidance on how to seek feedback from patients, their families and communities to review performance and measure outcomes, when appropriate</li> <li>• supporting practitioners to address health inequities within their scope(s) of practice</li> <li>• maintaining and developing professionalism</li> <li>• maintaining and developing ethical practice, and</li> <li>• any specialist high-level requirements.</li> </ul>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.9, 1.1.10

The College has provided a vast range of resources on different platforms available to all participants of its MyCPD program to support them to meet CPD requirements in Australia and Aotearoa New Zealand. This support includes providing helpful advice to practitioners on how to utilise the resources and tools to satisfy CPD category:

- Category 1: Educational activities
- Category 2: Reviewing Performance
- Category 3: Measuring Outcomes.

The College has expanded its library of online educational resources, including supporting resources and tools such as:

- [RACP Online Learning resources](#), covering cross-specialty topics and emerging areas of need. There are 45 self-paced online courses designed to encourage participation interaction through online discussion forums, video scenarios, reflection, and practice activities. These resources are regularly reviewed and updated, and all new courses will provide examples for participants to utilise course outcomes to complete MyCPD Category 2 and Category 3.
- [Curated Collections](#) are CPD learning resource guides, based on the contributions and peer review of RACP participants and other experts. Each guide presents the most relevant key readings, courses, web resources and tools on a specific topic. An Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection was released in 2022, along with a Digital Health CPD Primer to support participants to align with the outcomes of MyCPD Category 1, 2 and 3 in the field of digital health.
- [Medflix](#) video library provides participants with access to a broad suite of lectures, webinar recordings, interviews and video scenarios across clinical and professional topics. The College has also produced three videos in a Decoding CPD video series to demonstrate ways participants can integrate Category 2 and 3 activities in daily practice.
- [Spaced Learning](#) courses are designed to enhance physicians' practice and performance through guided case study questions and discussion. Course content is designed around real-life scenarios developed by participants and trainees to challenge practitioner thinking and improve professional practice through reflection and discussion.



- The [Pomegranate Health Podcast](#) publishes regular episodes discussing high level issues of medical practice and health management. Clinical and scientific discussion occurs when authors of the College's [Internal Medicine Journal](#) present their work on the podcast.

All learning resources and tools are accessible through RACP Online Learning and the MyCPD Interactive Handbook.

### **3.1.1 Requirements of the Registration standard: CPD**

The College provides a significant amount of guidance and support for participants to meet the CPD registration standards. This includes templates for professional development planning and the annual conversation, and related guidance provided through MyCPD Interactive Handbook. The College also provides a breakdown of activities available to participants through the [website](#).

### **3.1.2 Developing culturally safe practice**

All participants are invited to complete the Australian Aboriginal, Torres Strait Islander and Māori [Cultural Safety and Cultural Competence online course](#) and to explore the Cultural Safety Curated Collection. The Cultural Safety and Cultural Competence online course developed by the College is currently mandatory for trainees to complete. CPD participants can choose to complete the course as part of embedding cultural safety but as CPD is self directed they may choose another medium to meet their CPD needs.

The RACP also has several other online learning resources relating to cultural safety and issues of health equity, including the *Specialist Care for Aboriginal & Torres Strait Islander People* online course, *Genomics for Aboriginal & Torres Strait Islander People* online course, and *Social Determinants of Health* Curated Collection. Educational content on cultural safety is also embedded into other online learning resources covering a range of key topics such as telehealth, audit, and quality and safety.

The College recognises it has a role to play in closing the gap for Aboriginal and Torres Strait Islander peoples of Australia and aligning with Te Tiriti o Waitangi to ensure equity for the Māori peoples of Aotearoa New Zealand. This involves ensuring physicians, paediatricians, and other participants in the CPD program are equipped with skills and knowledge to do so. The recent landmark change to the College's Constitution in 2023 to include an Indigenous Object (1.1.9) signals moving closer to prioritising culturally safe practice and the needs of Indigenous peoples in Australia and Aotearoa New Zealand. The Indigenous Strategic Framework (2018 to 2028) supports identification of priority areas to develop strategies with support and resources.

While the College has worked towards strengthening the cultural safety domain as part of the PPF, it is not yet ready to support mandatory program level requirements as discussed in Criteria 1.4, however, the College advises this will become mandatory in 2025. The College has committed to develop programs to support improvements in culturally safe practice and have updated its PPF, developing a professional standard reviewed by participants in a workshop co-facilitated by the Leaders in Indigenous Medical Education Network and the College. The College has also adopted the MCNZ definition of cultural safety.

The [new standard](#) was endorsed by both the College's Māori Health and Aboriginal and Torres Strait Islander Health committees and approved by the College Education Committee, and details of the new domain and standard can be found on the [PPF webpage](#). It is imperative the College prioritise implementation of this program level requirement to meet CPD requirements with relevant resources in both Australia and Aotearoa New Zealand.

### **3.1.3 Supporting practitioners to address health inequities within scope(s) of practice**

There are resources curated to support participant learning linked to the [RACP Professional Standards](#), which are broad statements of expected competencies to be attained by all graduates of an RACP training program. These competencies are assessed by the AMC under the *Standard 2.3 Graduate*

*Outcomes of the AMC's Standards for Assessment and Accreditation of Specialist Medical Programs 2023* and are expected to be maintained in professional practice.

The Professional Standards outline overarching statements of behaviours, skills, attributes for each domain of the RACP's Professional Practice Framework. However, there needs to be clearer alignment demonstrated as the College is yet to develop program level requirements for cultural safety, as discussed in 3.1.2, nor for addressing health inequities. The Cultural Safety Professional Standard refers to health inequities in relation to Indigenous contexts, and expands on how physicians should critically analyse how other sources of inequity underpin the healthcare context more broadly. It specifically outlines the expectation that physicians recognise the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds. Additionally, guidance is provided to CPD participants on applying the principles of cultural safety when working with patients from all minority populations and diverse backgrounds, including women, LGBTQIA+ and/or migrant/refugee communities.

Some of these areas may be covered under areas of professionalism and ethics, however, as discussed, the alignment to the Professional Practice Framework and program level requirements is unclear. The AMC notes the College has initiatives on gender equity and an online course on *Working with Migrants, Refugees and Asylum Seekers*, however, it is important mandatory activities are clearly defined along with development of further resources to address program level requirements.

#### **3.1.4 Maintaining and developing professionalism**

The 'Supporting Professionalism in Practice – The Framework in Action' is a new guide publicly available on the RACP website which has been developed to support participants to meet the professional standards outlined in the RACP's Professional Practice Framework, expanding the ten domains of practice and articulating exemplary attributes and behaviours expected of all physicians. The guide is designed to assist with reflective practice to identify areas for improvement, used to structure performance discussions, develop personal development plans or as a framework to support others. Utilising this guide may also assist participants in meeting their MyCPD Category 2 and 3 requirements but is not mandatory

#### **3.1.5 Maintaining and developing ethical practice.**

Ethics is a domain of the College's PPF and learning resources have been developed to support maintenance of ethical practice, including the [Ethics Online Course](#), which is a requirement for trainees to complete commencing for 2023. The College also offers an Ethics Curated Collection, peer reviewed by participants to ensure content relevancy to physician practice. Some of these resources are:

- A series of videos, *Ethics and Interactions with Industry*, designed to educate participants on maintaining ethical relationships with industry partners.
- New ethical Clinical Ethics course released in the second half of 2023 to help participants build on baseline knowledge in clinical ethics and improve ability to teach and assess capabilities in trainees.

While there is evidence of some available resources with all MyCPD online courses having private reflection activities, these resources are currently minimal and mandatory completion of activities by participants should be clarified.

#### **3.1.6 Specialist high level requirements**

The AMC noted under Criteria 1.4 that the College does not intend to set high level specialist requirements in the short-term, as the MyCPD program is targeted at doctors practising in an RACP specialty. However, the College continues to accept dual trained fellows and non-fellow members, who must meet specialist-high level requirements to meet specific registration requirements. The

College needs to provide clear instruction to these groups of participants to seek other CPD program to complete these requirements. The College advises a review is underway to ensure information is clearly provided to guide non-members/dual fellows appropriately and is planned for implementation in 2025.

<b>3.2 The CPD home identifies practitioners at risk of not meeting the requirements of their CPD program(s) and provides guidance or support to assist them meet the requirements.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.13

The College makes available CPD year deadlines and requirements available on its website, the CPD interactive handbook and completion tracking through the MyCPD platform. Dedicated non-compliance processes begin once the CPD year closes on 31 March and practitioners are guided to complete CPD requirements by the College. Reminder information is provided on the website, reminders via social media and newsletters are regularly sent, and individual email reminders are sent in January and February (before the March deadline to submit activities). Participants can also book time with CPD support staff to assist. Following interviews with Fellows to understand barriers and facilitators to CPD activities, the College will improve automation of CPD activity recording. Improvements to the technology of the CPD program is ongoing.

The College has taken steps to assist participants to record their CPD activities in a timely fashion and will need to monitor improvement in timely CPD completion. The College also reviews data from previous CPD years to contact participant who rely on staff support to complete and submit CPD activities on the MyCPD Platform. The AMC notes the College has plans to improve the functionality of the MyCPD platform to enable enhance automatic recording to reduce the need for manual updates by participants or staff. The College should consider this systems enhancement with clear process for proactively identifying participants at risk of non-compliance.

<b>3.3 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support further training.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	NA

The College has processes to respond to advice on CPD activities for further training on a case-by-case basis, overseen by the CPD Committee with input from the relevant Advanced Training Committee. Participants may also contact the College CPD team or connect with peers through online College forums to discuss options for further training. There does not appear to be a formal process that is publicly available to facilitate this process or information how participants may access these mechanisms.

<b>3.4 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support remediation of practitioners who have been identified as underperforming in a particular area.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	NA

The College has processes to respond to advice on CPD activities for remediation of practitioners on case-by-case basis, overseen by the CPD Committee, which also applies to return to practice. Relevant Advanced Training committees may be consulted, or participants may also access online College forms

to discuss options for remediation. There is no publicly available or structured framework that makes use of the available CPD resources to support underperforming practitioners.

The Professional Practice team provide a bespoke service on a case-by-case basis to ensure the CPD program is appropriate to their needs. This may include assistance with development of a Professional Development Plan and linking the participant with other Fellows to facilitate support or remediation. Other avenues of support outside of the CPD program can be facilitated.

## B.4 Auditing and reporting

<b>4.1 The CPD home audits practitioners' CPD records, assessing the completeness of evidence and educational quality of the activities undertaken, and meets the requirements of the Medical Board of Australia for audit activity.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.4

The CPD audit formally commences after the closing date of 31 March annually. There are 5% of MyCPD participants are selected for audit, who then have until 30 June to provide the following evidence to meet criteria:

### Australia

- 50 hours of participation in approved CPD activities

### New Zealand

- 50 hours of Continuing Professional Development (CPD)
- 20 hours of Continuing Medical Education (CME)
- 10 hours of peer review
- Participation in an audit of medical practice

Exclusions from the annual audit only apply to those who have received an exemption due to:

- Carers leave
- Personal hardship
- Long service leave/sabbatical
- Parental leave
- Sick leave
- Post FRACP training
- Other significant absence from practice

These exemptions are detailed in the College's exemption policy.

The current version of the [CPD Participation Policy](#) states: the RACP will conduct regular audits of MyCPD participants for the purpose of quality assurance and improvement. Audit eligibility is defined as medical practitioners of the Royal Australasian College of Physicians who have a CPD requirement. RACP audits 5% of eligible MyCPD participants annually, selected at random and will include members who have been previously audited.

The policy and processes currently only reference fellows of the College and must be updated to accommodate non-fellow members of the CPD home, even if this consists of a smaller number.

<b>4.2 Reports on compliance are provided to the Medical Board of Australia within six months of each year's end and meet the reporting requirements of the Board.</b>			
<b>Finding</b>	NA	<b>MCNZ Specific Standard (s)</b>	1.1.15

This criterion is not applicable in 2024.

The College has reported challenges in meeting this reporting timeframe as a large CPD home and are taking steps to amend compliance processes and timeframes. Automation of CPD recording will enhance participant compliance but will take time to implement.

<b>4.3 Submissions are provided as required to the AMC, demonstrating continuing ability to deliver the CPD program(s) in accordance with the <i>Criteria for AMC Accreditation of CPD Homes</i> and identifying any changes that may affect the CPD home’s accreditation.</b>			
<b>Finding</b>	NA	<b>MCNZ Specific Standard (s)</b>	NA

This criterion is not applicable in 2024 and will apply once the College commences submitting regular monitoring reports post accreditation.

## Section C: Assessment against MCNZ specific standards for assessment and accreditation of recertification programmes

<b>1.1.1</b>	<b>The education provider provides a recertification programme(s) that is available to all vocationally registered doctors within the scope(s) of practice, including those who are not fellows. The education provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.</b>
<b>Related AMC Criterion</b>	1.3, 1.5, 2.1

Any doctor in a relevant vocational scope of practice, who are not RACP fellows/members, may access the MyCPD Program and the process for participation is outlined on the College website. All aspects of the CPD program, including recording platform, learning resources and guidance from the CPD team are available to participants. Recertification program requirements are published and the MyCPD platform offers a system for participants to document their activity.

<b>1.1.2</b>	<b>The education provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.</b>
<b>Related AMC Criterion</b>	1,7, 2.1.1

The consultation process undertaken by the College in the redesign of the MyCPD program has mainly been through internal fellow-led committees. There is some evidence of external consultation, however, this does not appear to be comprehensive nor includes significant community input. The AMC team had identified management of consultation processes as a concern in the assessment of the College's training program (under Standard 1.6.4 and Standard 6) and this should be an area of focus of the College in the evolution of the MyCPD program.

<b>1.1.3</b>	<b>The education provider's recertification programme(s) requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethics.</b>
<b>Related AMC Criterion</b>	1.4, 2.1

*Please see Criterion 1.4 for commentary.*

<b>1.1.4</b>	<b>The education provider determines the appropriate type of activities under each continuing professional development (CPD) category. It assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance.</b>
<b>Related AMC Criterion</b>	2.1.1, 4.1

The College has mandated the completion of the professional development plan and annual conversation as well as assigning greater weight by mandating set number of hours across educational

activities. The College should note reflective elements are necessary in the CPD program and should continue to be prioritised.

<b>1.1.5</b>	<b>The education provider ensures that in each cycle, participants are required to undertake a mix of activities across all three CPD categories:</b>  <b>I. Reviewing and reflecting on practice</b>  <b>II. Measuring and improving outcomes</b>  <b>III. Educational activities (continuing medical education – CME)</b>
<b>Related AMC Criterion</b>	2.1

*Please refer to AMC Criterion 2.1 for commentary.*

<b>1.1.6</b>	<b>The programme requires participants undertake a structured conversation, at least annually, with a peer, colleague, or employer. Providers must offer a process and guidance to support this activity to ensure the greatest benefit is gained from this process.</b>
<b>Related AMC Criterion</b>	2.1.1

The Annual Conversation is a mandated requirement for MyCPD program participants in Aotearoa New Zealand to meet recertification requirements. This may be part of a formal employment appraisal process, however, participants without access to this mechanism may utilise College-developed templates and process to complete this activity.

<b>1.1.7</b>	<b>The programme requires participants to develop and maintain a professional development plan.</b>
<b>Related AMC Criterion</b>	2.1.1

The Professional Development Plan is a mandated activity for MyCPD program participants in Aotearoa New Zealand to meet recertification requirements. There are tools and templates to support participant completion of this requirement. The College allows participants to claim time spent developing and maintaining the plan under Category 2: Reviewing Performance, however, does not explicitly define the scope of what is means to complete “Maintaining a Plan” nor is the maximum number of hours claimable under Category 2. The reflective aspect will also only be included in the 2024 plan.

<b>1.1.8</b>	<b>The education provider ensures that cultural safety and a focus on health equity are embedded within and across all the three CPD categories and all other core elements of the recertification programmes. The recertification programme must support participants to meet cultural safety standards.</b>
<b>Related AMC Criterion</b>	2.1.2

*Please see Criterion 1.4 for commentary.*



<b>1.1.9 The education provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.</b>	
<b>Related AMC Criterion</b>	3.1

The College has committed to multisource feedback (MSF) with tools from two providers and development of resources to support the completion of this criteria. Participants may use these tools to enhance the Annual Conversation activity or to maximise the opportunity of debriefing exercises either with a trained advisor or a supportive medical colleague.

Participants are enabled to complete MSF with any third-party provider – Client Focused Evaluation Programs or Best Practice Advocacy Centre New Zealand (BPACNZ) – and the MyCPD Handbook provides specific information on the MSF process, including assistance in selecting the provider that best meets their requirements.

<b>1.1.10 The education provider makes available a process for collegial practice visits (sometimes referred to as Regular Practice Review) for participants to voluntarily participate in, should they wish to do so.</b>	
<b>Related AMC Criterion</b>	3.1

The College’s Practice Review Framework comprises three elements – Annual Conversation, the Professional Development Review (PDR) and the Service Development Survey – designed to meet the MCNZ’s requirements for Regular Practice Review. The first two elements are designed for the individual and the third element covers Health Unit/Service, and to support comprehensive annual review of the physicians practice over a three-to-five year period with MSF and peer review external to participant’s workplace.

<b>1.1.11 The education provider has a documented process for recognising and crediting appropriate and high quality recertification activities undertaken through another organisation.</b>	
<b>Related AMC Criterion</b>	2.2

*Please refer to related AMC Criterion 2.2 for commentary.*

<b>1.1.12 The education provider ensures there is a method by which review, and continuous quality improvement of the recertification programme occurs.</b>	
<b>Related AMC Criterion</b>	1.7

*Please refer to related AMC Criterion 1.7 for commentary.*

The College has indicated a process for regular review and continuous improvement of its MyCPD program, however, there needs to be clearer articulation of how this also applies to MCNZ requirements.

<b>1.1.13 The education provider has a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider defines the categories of participants (for example, Fellows/associates/members) and the number of participants undertaking the recertification programme.</b>	
<b>Related AMC Criterion</b>	3.2

*Please refer to related AMC Criterion 3.2 for commentary.*

The definition of participant categories and number of participants undertaking the recertification program was not provided. The College must provide this in subsequent monitoring submissions to the AMC.

<b>1.1.14 The education provider regularly audits the records of programme participants, including completeness of evidence and educational quality. The provider has a process to address participants' failure to satisfy programme requirements. This must include action taken by the provider to encourage compliance/re-engagement, and the threshold and process for reporting continuing non-participation to the Medical Council of New Zealand.</b>	
<b>Related AMC Criterion</b>	4.1

*Please refer to related AMC Criterion 4.1 for commentary.*

<b>1.1.15 The education provider reports to the Medical Council of New Zealand as soon as practicable when a participant fails to re-engage and satisfy programme requirements and gives immediate notification of any participant who withdraws from their programme.</b>	
<b>Related AMC Criterion</b>	4.2

*Please refer to related AMC Criterion 4.2 for commentary.*

The College and the MCNZ have a Memorandum of Understanding, and it is necessary for the College to ensure notification of any exemption/withdrawals are provided to the MCNZ, and participants are notified of any notifications. The College has a system to monitor if participants are meeting recertification programme requirements. The College is encouraged to improve timeframes of instances of non-compliance and notification to the MCNZ, which participants are currently given until 31 March of the following year to complete CPD records.

## **Appendix One                      Membership of the 2024 AMC Assessment Team**

---

**Professor David Ellwood AO (Chair)** MA, DPhil (Oxon), FRANZCOG, CMFM, DDU,  
Professor of Obstetrics & Gynaecology, Griffith University, Queensland; Director of Maternal-Fetal  
Medicine and Senior Specialist in Obstetrics & Gynaecology, Gold Coast Hospital and Health District

**Professor Stuart Carney** MBChB, MPH, FRCPsych, FAcadMed  
Dean, Medical School, Faculty of Medicine, University of Queensland

**Ms Jennifer Morris** BA BSc Grad Dip (SciComm), Grad Cert (HealthServMgtSafeQual), Grad Cert  
(ConsCommEngage) GAICD

Lecturer and Program Reviewer, Centre for Digital Transformation of Health, University of Melbourne;  
Patient Teaching Associate and Simulated Patient, Eastern Health Clinical School, Monash and Deakin  
University; Member, Safer Care Victoria Academy

**Dr Ruth Kearon** MBBS FRACGP MHM  
Head of Tasmanian School of Medicine

**Ms Fiona Mitchell** BPsych, Grad Cert Mental Health (Child and Adolescent), Grad Cert (Public Sector  
Management), Grad Dip (Indigenous Research)

PhD Candidate, School of Exercise and Nutrition & Associate Research Fellow, Deakin Rural Health,  
Deakin University

**Dr Sanjay Hettige** BSc, MBBS, CHIA, MPH  
Radiology Trainee, Senior Resident Medical Officer, St George, and Sutherland Hospitals and Co-chair,  
AMA CDT

**Associate Professor Margaret Forster** BSc, GDipMaoriDev, MSc, PhD  
Associate Professor, Te Pūtahia-Toi, Massey University, Aotearoa New Zealand

**Professor Tony Celenza** MB BS W.Aust., MCLinEd NSW, FACEM, FRCEM  
Head, Division of Emergency Medicine, UWA Medical School, Emergency Medicine

**Dr Sarah Nicolson** MBChB FANZCA  
Specialist Anaesthetist, Te Toka Tumai Auckland Hospital, Aotearoa New Zealand

**Ms Juliana Simon**  
Manager Specialist Medical Program Assessment

**Mr Simon Roche**  
Program Support Officer, Specialist Medical Program

**Mrs Marguerite Smith**  
Program Coordinator, Specialist Medical Program

**Appendix Two****List of Submissions on the Programs of the Royal Australasian College of Physicians**

---

Australasian Association of Clinical Genetics

Australasian Sleep Association

Australasian Society for Developmental Paediatrics (ASDP)

Australia and New Zealand Society for Paediatric Endocrinology and Diabetes (ANZSPED)

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine Limited

Australian Rheumatology Association

Bond University

Department of Health Victoria

Department of Health Western Australia

Medical Advisory and Prevocational Accreditation Unit | Clinical Planning and Service Strategy Division  
Queensland Health

New Zealand College of Public Health Medicine

Office of the Chief Clinical Officers New Zealand

Office of the Health Ombudsman

Postgraduate Medical Council of Western Australia

Royal Australasian College of Surgeons

Te Whatu Ora Health New Zealand

The New Zealand Resident Doctors' Association (NZRDA)

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The Royal New Zealand College of Urgent Care

University of Queensland

Program of Meetings	Dates	In Person / Virtual Meeting	Team Members Attending
<b>Exam Observation</b>			
Australian Adult Medicine Exams	Between 7-30 June		Professor David Ellwood AO
Australian Paediatric Exams	Between 18 May - 2 June		Professor Tony Celenza Dr Sarah Nicolson Ms Jennifer Morris
<b>Northern Territory and Western Australia</b>			
Fiona Stanley Hospital	23 April 2024	Virtual	Professor David Ellwood AO Assoc Professor Margaret Forster
St John of God Hospital			
<b>ACT, South Australia and Tasmania</b>			
North Canberra Hospital	23 April 2024	Virtual	Professor Stuart Carney Professor Tony Celenza
Calvary Hospital, Flinders Medical Centre and Launceston Hospital			
<b>New South Wales</b>			
Westmead Hospital, Sydney	6 May 2024	In Person	Professor Stuart Carney Dr Sarah Nicolson
The Children's Hospital at Westmead, Sydney			
Wollongong and Dubbo Hospitals	6 May 2024	Virtual	Professor Tony Celenza Dr Sanjay Hettige
<b>Aotearoa New Zealand</b>			
Middlemore Hospital and Wellington Hospital	22 July 2024	Virtual	Dr Sarah Nicholson Assoc. Professor Margaret Forster
Starship Hospital, Kidz First Childrens (Middlemore)			
Christchurch, Dunedin and Palmerston North Hospitals	25 July 2024		
<b>Queensland</b>			
Sunshine Coast University Hospital, Queensland	3 May 2024	Virtual	Professor Stuart Carney Dr Ruth Kearon
Queensland Children's Hospital			

<b>Program of Meetings</b>	<b>Dates</b>	<b>In Person / Virtual Meeting</b>	<b>Team Members Attending</b>
Various Sites in Queensland (Cairns and Toowoomba)	6 May 2024		Professor David Ellwood
Cairns Hospital			Ms Fiona Mitchell
<b>Victoria</b>			
Royal Melbourne Hospital	26 April 2024	In Person	Professor David Ellwood AO
Royal Children’s Hospital			Ms Fiona Mitchell Ms Jennifer Morris
Various Sites in Victoria	26 April 2024	Virtual	Professor Tony Celenza Dr Sarah Nicolson Dr Sanjay Hettige
<b>Consumer Groups in Australia and Aotearoa New Zealand, SIMGs and Health Departments in Australia and New Zealand</b>			
Consumer Groups in Australia and Aotearoa New Zealand	6 May 2024	Virtual	Dr Ruth Kearon, Ms Jennifer Morris Ms Margaret Foster
Health Departments in Australia			
SIMGS in Australia and Aotearoa New Zealand			
<b>Ministry of Health New Zealand, Health New Zealand, Māori Health Authority and SIMGs in New Zealand</b>			
Ministry of Health New Zealand, Health New Zealand and Māori Health Authority	6 May 2024	Virtual	Dr Ruth Kearon, Ms Jennifer Morris Ms Margaret Foster

## AMC Team Meetings with RACP Committees and Staff

6 – 9 May 2024

Meeting	Attendees
<i>Monday 6 May 2024</i>	
Site visits	New South Wales Queensland Consumer Groups in Australia and New Zealand, SIMGs and Health Departments in Australia and New Zealand Ministry of Health New Zealand, Health New Zealand, Māori Health Authority and SIMGs in New Zealand
<i>Tuesday 7 May 2024</i>	
Standard 1.1, 1.2, 2.1 and 6.3 Governance, Program Management and Educational Purpose, Monitoring and Evaluation	College Education Committee College Staff Lead, Research and Evaluation Manager, Training Services General Counsel Head, Education Development and Improvement Senior Lead, Curriculum Development- Interim CIO Interim CEO CFO
Standards 2.2, 2.3 and 3.1 3.2 Program and Graduate Outcomes, and Curriculum Content Basic and Advanced Training	CEC Members Curriculum Advisory Group representatives Chair and Member Faculty/Advanced Training Committee representative Basic Training Committee representative Staff
Standard 3 and 4 Curriculum and Teaching and Learning Basic and Advanced Training	CEC members Curriculum Advisory Group representatives Chair and Member Division Education Committee Representatives Faculty/Advanced Training Committee Representatives College Staff
Standard 4 Teaching and Learning Resources Demonstration	Staff to demonstrate the following systems: <ul style="list-style-type: none"> <li>• MyCPD</li> <li>• RACP Online Learning including</li> </ul>

	<ul style="list-style-type: none"> <li>• SPDP online</li> <li>• College Learning Series</li> <li>• TMP</li> </ul>
Standard 2, 6 and 9	Meeting with New Fellows
<i>Wednesday 8 May 2024</i>	
Standard 2.2, 2.3, 3 and 5 Curriculum and Assessment Basic and Advanced Training	<p>College Education Committee Curriculum Advisory Group representatives Division Assessment Committee Chairs Examination Committee Chairs AChSHM Chief Examiner Faculty Assessment Committee Representatives Training and Education Committee Representatives College Staff College Standby Staff Senior Executive Officer (SEO), Faculty and Chapter Examinations SEO, DWE SEO, DCE Project Lead CCRE</p>
Standard 1,2,3,7 & 8 Aboriginal and/or Torres Strait Islander Peoples Health	<p>Strategy and Governance Aboriginal and Torres Strait Islander Health Committee Members and Chair College Staff Education Initiatives</p>
Standard 7: Trainees Issues relating to Trainees	College Trainees' Committee
Ministry of Health New Zealand, Health New Zealand and Māori Health Authority	Ministry of Health New Zealand, Health New Zealand and Māori Health Authority
Standard 1,2,3,7 & 8 Māori Peoples Health	<p>Māori Health Committee members and Chair College Staff Kaitohutohu Ahurea Māori Health, Lead Fellow Māori Health Registrar Project Officer</p>
Standard 6 Monitoring and Evaluation	<p>CEC Member College Staff</p>
Standard 8.1	CEC Members



Supervisory and Educational Roles	Basic and Advanced Training Committee Representatives
Standard 7: Trainees Issues relating to Trainees – committee and staff perspectives	CEC Members Basic and Advanced Training Committee Representatives College Staff
Standard 8.2 Accreditation of Training Sites	Division Education Committee Representatives Accreditation Subcommittees Representatives Advanced/Faculty Training Committee Representatives Trainee representatives College Staff
Standard 9: Assessment of SIMGS	OTP Committees Representatives Chair of the OTP Committee and Chair of the Adult Medicine & Chapters OTP Assessment Subcommittee Deputy Chair Chair of the Paediatrics & Faculties OTP Assessment Subcommittee Chair of the Aotearoa New Zealand OTP Assessment Committee
Standard 1,2,3,7 & 8 Aboriginal and Torres Strait Islander and Māori Trainees	Aboriginal and/or Torres Strait Islander Trainees Māori Trainees RSVPs
<i>Thursday 9 May 2024</i>	
Standard 1, 2, and 6 Meeting with Community Advisory Group	Consumer Advisory Committee Members Physician Co-Chair Kaimanaakia Oranga\Consumer Representative Consumer Representative College Staff Manager, Peak Bodies SEO CAG
CPD homes and MCNZ recertification criteria	CPD Committee Chair, CPD Committee Fellow Representatives, Faculty Representatives Aotearoa NZ CPD Committee College Staff SEO CPD

	SEO e Learning Senior Project Officer, Cultural Safety Executive Officer Online Learning Officer
Standard 1.5 Educational Resources	College Staff CEC Chair
Standard 3 Advanced Trainee Committee	Advanced Trainee Committee Representatives
Team Debrief to College	College Education Committee College Staff

