**Regular Practice Review**

The Royal Australasian College of Physicians (RACP) is committed to developing evidence-based approaches to professional development that achieve quality improvement. As part of this commitment, the RACP New Zealand CPD Committee has developed a Regular Practice Review (RPR) framework that has been guided by The Medical Council of New Zealand’s policy on RPR.

**The Professional Development Review process is still in trial phase and this form and process has not be formally approved by the RACP.**

This Practice Review tool is available for use by Physicians in New Zealand and Australia (those registered in a general scope in NZ are advised to confirm this process will meet their recertification requirements).

**1. Annual Professional Development Review**

**This document is designed to:**

**1. Assist you to reflect on your practice.**

**2. Provide the basis for a formative and constructive review of your practice with peers.**

**Please right click on links in this document and then click on ‘open hyperlink’ to open them.**

The **other** core documents that may assist in reflecting on your practice is the RACP’s [**Professional Practice Framework**](https://www.racp.edu.au/docs/default-source/default-document-library/ppf-booklet.pdf?sfvrsn=4)and[**MCNZ’s Good Medical Practice**](https://www.mcnz.org.nz/news-and-publications/good-medical-practice/) **/** [**Good medical practice: A code of conduct for doctors in Australia.**](https://ama.com.au/sites/default/files/documents/AMC_Code_of_Conduct_July_2009.pdf)

Information on health and wellbeing can be found on the RACP website. See the [position statement](https://www.racp.edu.au/news-and-events/all-news/news-details?id=101c60af-bbb2-61c2-b08b-ff00001c3177), the [Healthier Physicians Brochure](https://www.racp.edu.au/docs/default-source/default-document-library/fellowship_wellbeing-flyer_f.pdf?sfvrsn=0) and information available on the [‘Supporting a colleague or trainee’](https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing/i-want-to-support-a-colleague-or-trainee) webpage and in the [Physicians' Health and Wellbeing curated collection.](https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing)

**This document is in three parts:**

**Part A:**

Information in Part A will remain confidential between you and your reviewers.

**Part B:**

Information in Part B may be shared (by your unit head or by you) with employers as necessary to meet credentialing or other compliance requirements (eg. annual performance review).

**Part C:**

The summary information in Part C will be provided to your employer by your unit head if requested.

**For further assistance please refer to the Professional Development Review notes.**

**Please note that time you spend on Regular Practice Review is a peer review activity attracting three CPD credits per hour.**

**This page will only be kept by the reviewee. Reviewers will not keep a copy of this page**

**Form 1 – Annual Professional Development Review**

**Part A**

|  |  |
| --- | --- |
| **Name of Person Being Reviewed** | **Name of Reviewee (type over this)** |
| **Names of Person(s) Reviewing** | **Name of Reviewers (type over this)** |
| **Meeting Place** | **Location of the meeting (type over this)** |
| **Date of Meeting** | **Date of the meeting** |

**Following completion of the form, please list here any additional items for the PDR discussion not covered by the form.**

***(please note that boxes will expand as needed and are not indicative of the length of answer required please add as much as needed)***

|  |
| --- |
|  |

**The information in Part A is designed to form the basis of a confidential conversation with your reviewers about your level of satisfaction with your current role. It can be used by you for other purposes if you wish.**

**SECTION 1: OVERVIEW OF THE PREVIOUS YEAR**

**1.1 Overview**

The purpose of this section is to reflect on and **briefly** record what you have accomplished over the review period against the goals you set in your previous Professional Development Plan (PDP). If you did not have goals written down or if they changed substantially, reflect on the goals and targets you have been working to.

|  |
| --- |
| 1. **Accomplishments – Reflect upon those things that have gone well and why?** |
|  |
| 1. **Reflect on anything that did not go well, that you could have done better or what you will do differently next time?** |
|  |
| 1. **What has been your most valuable learning experience in the last year?** |
|  |
| 1. **Have there been occasions over the last year that have caused you to reflect on your own cultural competence, the cultural competence of the organisation you work for, or the impacts of health equity.** |
|  |

**This page will only be kept by the reviewee. Reviewers will not keep a copy of this page**

**SECTION 2: JOB SATISFACTION**

Think about your current role:

**2.1** **How would you rate your overall job satisfaction?**

(Check the box that aligns with your response)

|  |  |
| --- | --- |
| Very satisfied |  |
| Satisfied |  |
| Neither satisfied or unsatisfied |  |
| Unsatisfied |  |
| Very unsatisfied |  |
| **2.2 How could your level of job satisfaction be improved? Include organisational changes that you believe could improve your job satisfaction.** | | |
|  | | |

**2.3 Future Planning**

Under each of the three headings below, list things in your professional role that you would like to address in the future This can include within the next year and can include longer term plans.

|  |
| --- |
| 1. **I would like to stop doing….** |
|  |
|  |
| 1. **I would like to start doing….** |
|  |
|  |
| 1. **I would like to continue doing….** |
|  |
|  |

1. **If relevant, have you considered plans for your sabbatical and/or have plans for your retirement?**

|  |
| --- |
|  |

**This page will only be kept by the reviewee. Reviewers will not keep a copy of this page.**

**SECTION 3A: MAINTAINING YOUR HEALTH**

These questions may need to be refined to suit local requirements. Reviewers and reviewees are encouraged to read the RACP [**‘Health of Doctors Position Statement 2017**](https://www.racp.edu.au/news-and-events/all-news/news-details?id=101c60af-bbb2-61c2-b08b-ff00001c3177) **and, for New Zealanders, the Medical Council of New Zealand’s** [**‘Supporting Doctor’s Health’**](https://www.mcnz.org.nz/support-for-doctors/supporting-doctors-health/) **webpage.**

**SECTION 3B: MAINTAINING YOUR HEALTH (optional)**

Maintaining your health means more than just the absence of ill-health and infirmity. It refers to your overall mental, physical and social wellbeing. Key factors impacting your health and wellbeing are the conditions in your workplace and the expectations of your role.

To achieve ongoing health and well-being it is important not only to have your own GP and get regular check-ups, but also to be aware of your mental health and very real issues like stress, burnout, depression and substance abuse.

How doctors deal with this is a very individual issue and it is not a requirement of the PDR to discuss your health and wellbeing unless you believe it is impacted by your current workload. It is an opportunity though to raise any issues of concern to you.

Further information on this section is available in the accompanying notes

**Please note that you can raise any health/wellbeing issue you want to at your review meeting.**

|  |  |
| --- | --- |
| 1. **Physical Health** | **Yes/No** |
| 1. **Are you registered with a GP?** |  |
| 1. **Have you seen your GP in the last year?** |  |
| 1. **Do you have any health issues that may impact negatively on your professional activities?** |  |
| 1. **Do you follow (**[**standard) precautions and infection control practices**](https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/healthcare-associated-infections-governance-group/resources-infection-control-and-prevention) **appropriate to your clinical practice?** |  |

**All Fellows should be aware of the** [**RACP Support Program**](https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing/i-need-support/racp-support-program)**. There are also resources available in** the[**Physicians' Health and Wellbeing curated collection.**](https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing) **and further resources available via the RACP webpage -** [**‘Supporting a colleague or trainee’**](https://www.racp.edu.au/fellows/resources/physician-health-and-wellbeing/i-want-to-support-a-colleague-or-trainee)

**This page may be retained by your employer to meet annual performance review and other compliance requirements.   
Please print Part B separately from Part A.**

**Professional Development Review – Part B**

|  |  |
| --- | --- |
| **Name of Person Being Reviewed** | **Name of Reviewee (type over this)** |
| **Names of Person(s) Reviewing** | **Name of Reviewers (type over this)** |
| **Meeting Place** | **Location of the meeting (type over this)** |
| **Date of Meeting** | **Date of the meeting** |

**Please note:**

**The information in Part B may be used by you or your employer for other compliance purposes such as employer performance review requirements and credentialing.**

**Part B constitutes:**

* Reflection on your clinical practice and your professionalism1 since the last review. To assist please provide (if you have one) a copy of your PDP agreed at your last review and covering this previous period.
* The basis for your professional development planning for the next period. You can use section 6 of this form or another format (from MyCPD or elsewhere) for this plan. (See the accompanying PDR notes for assistance on structuring your planned activities.)

**SECTION 4: AREA OF SPECIALITY PRACTICE**

1. **Speciality skills and activities**

|  |
| --- |
| **Does your current practice enable you to:** |
| 1. **Maintain all your relevant speciality skills (if not suggest changes)?** |
|  |
| 1. **Meet all relevant credentialing requirements (if not suggest changes)?** |
|  |
| 1. **Acquire new knowledge or skills?** |
|  |
| 1. **Satisfy your career aspirations?** |
|  |

1. For professional requirements refer to [MCNZ’s Good Medical Practice](https://www.mcnz.org.nz/news-and-publications/good-medical-practice/) or [Good medical practice: A code of conduct for doctors in Australia.](https://ama.com.au/sites/default/files/documents/AMC_Code_of_Conduct_July_2009.pdf)and the [RACP’s Professional Practice Framework](https://www.racp.edu.au/docs/default-source/default-document-library/ppf-booklet.pdf?sfvrsn=4).

**This page may be retained by your employer to meet annual performance review requirements.**

1. **Current clinical activity**

Note any comments on your clinical duties as they relate to your job size or service for the department. Your duties may include, for example, inpatient work, outpatient clinics, analysing population data, revising rehabilitation plans, providing expert advice on case files.

|  |
| --- |
| 1. **Are you satisfied with your current clinical workload including your “on-call” commitments?** |
|  |
| 1. **Do you intend any change to your scope of practice/professional activities?** |
|  |

**SECTION 5: MAINTAINING SKILLS AND COMPETENCE**

1. **Documentation review**

**Please bring the following documents with you to your PDR meeting**

|  |
| --- |
| * CPD Certificate of Participation for last calendar year |
| * MCNZ Annual Practice Certificate |
| * Current evidence of medical insurance coverage |
| * Your PDP if it is recorded elsewhere |
| * Screen shots or other forms of evidence that summarise your participation in CPD activities (eg. MSF report, evidence of participation in regular peer review) |

1. **Peer Review:**

|  |  |
| --- | --- |
| **Provide details below or via an attachment of the Peer Review activities you have undertaken.** **Please include outcomes.**  For more information see the new [Audit and Peer Review ideas for Fellows](https://elearning.racp.edu.au/mod/page/view.php?id=13999.). Please ensure you complete and report on the results of a multisource feedback at least every 3-5 years. | **Estimated hours for activity** |
|  |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format. (***Please also see the accompanying PDR notes for suggested peer review activities)* | |

**This page may be retained by your employer to meet annual performance review requirements.**

1. **Quality Improvement/Audit activities and/or Research**

|  |  |
| --- | --- |
| **Overview of QI/Audit & Research Activities. Please include outcomes** | **Estimated hours for activity** |
| *eg. system reviews, MSF can also be an audit activity. For more information see the new Curated Collection on audit that includes–* [*Audit and Peer Review ideas for Fellows*](https://elearning.racp.edu.au/mod/page/view.php?id=13999.) *and the* [MCNZ website](https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice/) *and the associated PDR notes.*  Click here to enter text. |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** | |

1. **Quality Documentation & Clinical Pathway Development**

|  |  |
| --- | --- |
| **Overview of Quality Documentation & Clinical Pathway Development Activities Undertaken. Please include outcomes.** | **Estimated hours for activity** |
|  |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** | |

1. **Teaching**

|  |  |
| --- | --- |
| **Overview Teaching Undertaken** | **Estimated hours per week for activity** |
| *eg. undergraduate, postgraduate, other (nursing, GP, allied health)* |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** | |

1. **Cultural Competency and Health Equity**

|  |
| --- |
| **List any CPD activities that you have completed or participated in (including education, peer review or audit activities) that address cultural competence and/or health equity.** |
| *eg. See the* [RACPs new e-resource on Cultural Competence](https://www.racp.edu.au/news-and-events/all-news/news-details?id=20906faf-bbb2-61c2-b08b-ff00001c3177)  Click here to enter text. |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** |

**This page may be retained by your employer to meet annual performance review requirements.**

1. **Organisational Responsibilities**

|  |  |
| --- | --- |
| **Overview of Activities** | **Estimated hours per week for activity** |
| *eg. Participation in unit or organisation committees, working groups etc* |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** | |

1. **Activities External to the Organisation.**

|  |  |
| --- | --- |
| **Overview of Activities** | **Estimated hours for activity** |
| *E.g.: Professional Societies, Ministry of Health, NGOs* |  |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** | |

1. **Other CPD activities not already covered**

|  |
| --- |
| **List any other key CPD activities not already mentioned and the outcomes of those activities.** |
| Click here to enter text. |
| **Add any planned or agreed follow up action/activities to your PDP in section 6, MyCPD or using your own preferred format.** |

1. **Do you have any suggestions about how to improve the performance of the unit generally or for you as an individual?**

|  |
| --- |
|  |

***Please add any additional items you want to discuss in your review meeting to the box at the top of page 2.***

**This page may be retained by your employer to meet annual performance review requirements.**

|  |  |
| --- | --- |
| **SECTION 6: PROFESSIONAL DEVELOPMENT PLAN (PDP) for coming period Year:** | Click here to enter text. |

**(Goals and activities in this plan will be drawn in part from the discussion of information in sections 1, 2, 4 and 5. If using the** [**PDP in MyCPD**](https://services.racp.edu.au/cas/login?service=https://members.racp.edu.au/mycpd/mycpd_ne/index.cfm?CFID=15251348||CFTOKEN=95917591||jsessionid=aa30ad2d6921f706c767646f62c4a5634777) **please download/print and include a copy of that PDP with your completed PDR. See the accompanying PDR notes)**

This professional development plan is designed to:

1. Capture the development needs emerging from the reflection on practice you have done in completing this PDR form and your interview.
2. Identify CME/CPD activities to meet those development needs (include short term and long-term development needs).

Once completed Head of Department (where applicable) and reviewee need to hold a copy of this plan

|  |  |  |
| --- | --- | --- |
| **Goal** | **Strategy / Activities (including CPD activities) and resources required** | **Timeframe** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Fellow (reviewee) Name** | **Reviewers (or Head of Department) Names** | **Date of Review** |
| **Name of Reviewee (type over this)** |  | **Date of the meeting** |

**This page may be retained by your employer to meet annual performance review requirements.**

**SECTION 7: Feedback**

**CLINICAL HEAD / REVIEWERS FEEDBACK ON YOUR PERFORMANCE**

*Ideally this will be completed either at or immediately following the PDR meeting. The reviewee must receive a copy of this feedback.*

|  |
| --- |
| **Reviewer comments** |
|  |

|  |
| --- |
| **Reviewee comments** |
|  |

|  |  |
| --- | --- |
| **Final sign-off on completion of process and agreement on feedback and Professional Development Plan** | |
| **Reviewer Names** | **Reviewee Name** |
|  |  |
| **Date of signature** | **Date of signature** |
|  |  |
| **Signatures** | **Signature** |
| *Add electronic signature or print and sign* | *Add electronic signature or print and sign* |

**Professional Development Review – Part C**

**Summary Sheet for Human Resources**

|  |  |
| --- | --- |
| **Name of Person Being Reviewed** | **Name of Reviewee (type over this)** |
| **Position of Reviewee** |  |
| **Names of Person(s) Reviewing** | **Name of Reviewers (type over this)** |
| **Date of Meeting** | **Date of the meeting** | |

|  |  |
| --- | --- |
| **Requirement (check if met). Add local requirements if appropriate** | **HoD/Reviewer** |
| MCNZ registration requirements met (annual practice certificate sighted, Medical insurance coverage sighted) |  |
| CPD requirements met (CPD participation certificate sighted) |  |
| Appraisal conversation has been conducted |  |
| Job size has been reviewed |  |
| Reviewees goals are consistent with the needs of the unit |  |
| Development needs have been discussed |  |
| Updated Professional Development Plan in place |  |
|  |  |
|  |  |

**Reviewee comments (optional)**

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| --- |
|  |

|  |  |
| --- | --- |
| Signed: |  |

**Unit Director/Reviewer comments (optional)**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signed: |  |