

The annual minimum CPD requirement is 100 credits, with each category capped at 60 credits. There is no requirement to complete activities in all three categories.

CATEGORY 1	EDUCATIONAL ACTIVITIES	1 CREDIT PER HOUR Maximum 60 credits per year
<p>Educational activities have traditionally been the major component of CPD and include activities such as lectures, presentations, conference attendance and reading that contribute to a doctor's maintenance, updating and broadening of their medical knowledge.</p>	<p>Examples</p> <ul style="list-style-type: none"> ■ Lectures (including the College Learning Series) / seminars / workshops Conferences (including the RACP Congress) ■ Courses ■ Reading (including the RACP Curated Collections, and other speciality specific resources) / research* / info searches e.g. Medline ■ Grand rounds / journal clubs ■ Hospital and other medical meetings ■ Online Learning (including the RACP Online Learning Courses and the Online Professionalism Program) / audio (including Pomegranate Health) / video ■ Committee / working group / council involvement ■ Self-assessment programs e.g. MKSAP ■ Presentations (including preparation time)* ■ PhD studies / formal postgraduate studies* ■ Publications (including preparation time)* ■ Teaching / supervision* ■ Examining / writing examination questions* ■ Other educational activities 	

* Each activity marked with an asterisk could involve peer review components and / or components that measure outcomes and that component of the activity could be claimable in Categories 2 or 3. See page 3 for when you can claim these Category 2 or 3 activities.

CATEGORY 2	REVIEWING PERFORMANCE	3 CREDITS PER HOUR Maximum 60 credits per year
<p>Reviewing performance includes measures that focus on doctors' actual work processes with feedback. The role of peers, co-workers and patients together with their feedback is critical in this process. Please note that for New Zealand Fellows these activities meet the MCNZ's requirement for peer review.</p>	<p>Examples</p> <p>For more specific examples see the RACP 'Clinical Audit and Peer Review Ideas' document and the 'Non-Clinical Audit and Peer Review Ideas' document</p> <ul style="list-style-type: none"> ■ Creating / maintaining a professional development plan ■ Creating / maintaining a self-care plan ■ Performance appraisal ■ Annual conversation ■ Peer review / feedback of: <ul style="list-style-type: none"> • Performance e.g. Regular Practice Review** • Records / correspondence / reports <ul style="list-style-type: none"> o Articles for journals o Supervision (also see Supervisor Self Reflection and Skills Review Tool) o Educational activities o Professional and speciality specific competencies and activities including: <ul style="list-style-type: none"> • leadership • partnership building • stakeholder management • policy development • writing grants and publications o Communication including reports, letters, information leaflets and website material o Cases o Critical incidents o Safety and quality reviews o Outbreak management o Workplace incidents o Laboratory safety ■ Multi-source feedback from peers, colleagues, co-workers, patients, other health practitioners. Customised multisource feedback for AFOEM and AFPHM ■ Patient feedback / experience studies ■ Participation in the RACP Supervisor Professional Development Program (SPDP) ■ Mentoring (that involves review of performance)** ■ Other activities that involve reviewing performance 	

** See page 3 for who claims in peer review activities - the person being reviewed, the reviewer, or both?

Measuring outcomes for most doctors includes investigating the outcomes of doctors' everyday work by analysing and reflecting on data about health outcomes.

Examples

For more specific examples, see the RACP 'Clinical Audit and Peer Review Ideas' document and the 'Non-Clinical Audit and Peer Review Ideas' document

- Practice audits / clinical audits
- Audit of:
 - o Adherence to standards / guidelines / procedures
 - o [Medicolegal reports](#)
 - o [Cultural competency / cultural safety / health equity](#)
 - o Bullying / harassment
 - o [Records](#)
 - o Practice (against appropriate curriculum standards)
 - o [Recommendations uptake](#)
 - o [Worker assessment reports](#)
 - o [Workplace assessment reports](#)
 - o [Supervision](#)
 - o Standards of confidentiality
 - o Site remediation
 - o Effectiveness of stakeholder consultation; education sessions delivered; communicable disease notifications advised on; completed investigations, e.g. outbreak, environmental risk, workplace risk
 - o Compliance with key legislation
 - o Funding success
- Incident reporting / monitoring e.g. mortality and morbidity reviews
- Comparison of individual / team data with local, institutional, regional data sets
- Institution audits e.g. hospital accreditation, immunisation program outcomes
- Review of individual / team and comparative data from de-identified large datasets e.g.
- Medicare, PBS
- Clinicopathological correlation meetings
- Research and grant related activity that involves analysing and reflecting on health outcomes data
- Contribution to evaluation / development of an endorsed policy in the workplace (where the contribution is based on review of data / measurement of outcomes)
- Development of new legislation (where the development is based on a review of health data outcomes)
- Other activities that involve measuring outcomes

For links to templates that can be modified to suit your purpose, and for steps to take to complete an audit, see the Clinical Audit Curated Collection available on the RACP's Online Learning Resources platform.

The examples listed are the common activities in each category, the framework is not intended to be a comprehensive list. MyCPD is a self-reporting tool, specialists are encouraged to confidently use their professional judgement about the categories they use to claim credits for CPD activities relevant to their scope of practice.

The annual minimum CPD requirement is **100 credits**, each category is capped at **60 credits**.

Please note there is NO requirement to record credits in all three categories.

When can I claim educational activities in Categories 2 and 3?

Completing some activities listed in Category 1 may require you to engage in peer review or outcome measurement. Where this is the case, that component of the activity can be claimed in the relevant category. For example:

Your postgraduate studies may require you to collect and analyse data from your practice that leads to recommendations about practice, or data from a health unit that lead you to recommend changes to policy or practice. In this case the measuring outcomes element could be claimed as a Category 3 activity. The associated reading and research elements will remain as Category 1 activities.

What constitutes peer review and when can I claim as a reviewer?

Peer review involves review of your performance/practice by your peers.

Generally, your peers will be other physicians with comparable or greater training and experience, however this can depend on a range of factors including what aspect of your practice you are reviewing. Many of your professional skills (communication, teaching etc.) may also be valuably reviewed by the nursing or allied health staff that you interact with regularly. Some specialities (eg. Public Health, Occupational and Environmental medicine) and those who are predominantly academics or researchers may find non-physician peers better able to provide useful feedback on their performance.

The primary focus of peer review is seeking feedback from your peers on your own performance. However, you may also be asked to provide feedback on the performance of others. In some cases this can result in reflecting on your own practice and potentially making changes to your practice as a result of your review of others. In this case your peer review of others may also be claimable in MyCPD Category 2: Reviewing Performance.

Establishing peer review groups that meet regularly to review practice can provide valuable learning experiences. Peer review of practice and of specific cases can identify the strengths and weaknesses of particular approaches and identify potential changes to practice. Peer review can occur:

- Between individual Physicians (including by isolated Physicians that organise periodic visits by peers or to connect with individuals or groups via teleconference/skype/zoom)
- In hospital units or group practices
- Through sole practitioners coming together on a regular basis

When recording peer review activities it is necessary to keep appropriate evidence. A peer review [log](#) is also available to assist in recording these activities.