

2023 MyCPD Framework Explained

Contents

2023 MyCPD Framework	2
Your new CPD requirements explained	2
Split of CPD activities across the categories	2
Mandatory activity – Annual Conversation	3
Mandatory activity – Professional Development Plan (PDP)	3
Strongly encouraged – A focus on cultural safety and issues of health equity	4
Resources and support	6
Additional information	6
Regulatory context	6
The evidence for change	6
The benefits of the changes	7
CPD non-compliance and regulatory reporting	7
Contact us	7
References	8



2023 MyCPD Framework

The annual minimum CPD requirement is **50 hours**, inclusive of the mandatory activities.



Your new CPD requirements explained

Split of CPD activities across the categories

Your annual minimum requirement is 50 hours of CPD, inclusive of the mandatory and strongly encouraged activities. Your 50 hours will need to include:

- **A minimum of 12.5 hours of activities in Category 1 - Educational Activities.** These are traditional CME activities such as conferences, reading journal articles or completing online learning modules.
- **A minimum of 25 hours of activities from across Category 2 - Reviewing Performance and Category 3 - Measuring Outcomes.** Reviewing performance (category 2) involves feedback from others on clinical and professional practice such as peer review of cases, reports, critical incidents, or feedback from colleagues and stakeholders on your clinical and professional practice. Measuring outcomes (category 3) involves measurement of health outcomes and might include an audit of your practice against standards or guidelines such as the relevant EVOLVE recommendations, or incident reporting/reviews. You must complete **a minimum of 5 hours of activities in each of these categories** but can decide the best mix for these activities to suit your practice. This might mean you complete 5 hours of activities in category 2 and 20 hours in category 3. Or you could complete 15 hours of activities in category 2 and 10 hours in category 3.
- The **remaining 12.5 hours can be completed across any of the categories.** This means half of your annual CPD can still be undertaken in Educational Activities if you feel this is most beneficial to your practice and patients.

There are two activities that are mandatory to complete for each CPD year from 2023. The hours you spend on these activities will count towards the overall minimum requirement of 50 hours of CPD.

Mandatory activity – Annual Conversation



An annual conversation is a structured discussion with a peer, colleague, or employer. The intent is to allow time for you to reflect on your development needs and intentions for the year, and discuss them with a peer, colleague or employer. This is an opportunity to receive constructive feedback and explore job satisfaction, self-care and any health and wellbeing issues so you can adjust your practice accordingly¹.

Many will have a formal performance appraisal as part of their employment and this activity can be claimed as your annual conversation requirement if it meets the description above. If you do not have a formal performance appraisal process, we have developed a template for you to use or modify and this can be found in the [MyCPD Interactive Handbook](#).

Time spent on your annual conversation should be claimed under Category 2 - Reviewing Performance.

Mandatory activity – Professional Development Plan (PDP)



A PDP is a documented plan that outlines your learning goals relevant to your scope of practice and the activities you will complete to achieve these goals. It can be done by yourself, but we encourage you to discuss your plan with a colleague, peer or your employer and to obtain their input. Normally a PDP includes a self-evaluation of your learning from the previous CPD cycle and the planned CPD activities to achieve your learning goals in the current year².

We recommend that you create a plan at the start of the year and maintain it throughout the year. You can use the PDP tool in MyCPD, your own template, or a PDP completed with your employer (if this includes a focus on the CPD you plan to complete).

Time spent on creating and maintaining your plan should be claimed in MyCPD under Category 2 - Reviewing Performance.

More information on developing a PDP including templates to use or adjust can be found in the [MyCPD Interactive Handbook](#).

Ideally, the outcomes from your annual conversation will form part of your PDP. These two activities combined may enable you to meet the minimum 5 hour requirement for Category 2 – Reviewing Performance.

Strongly encouraged – A focus on cultural safety and issues of health equity (across all categories)



Cultural safety can be defined as:

- The need for doctors to examine the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities³.

The concept, theory, and practice of kawa whakaruruhau | cultural safety has its genesis in Aotearoa New Zealand nursing practice in the 1990s. Designed as an educational process by Māori, it is given as a koha | gift to all people who are different from the service providers whether by gender, sexual orientation, economic and educational status, age, or ethnicity.

Equity recognises different people with various levels of advantage require different approaches and resources to get equitable health outcomes⁴.

The Medical Council of New Zealand mandates that cultural safety and issues of health equity are embedded into all CPD activities from 2023. AHPRA, the Medical Board of Australia and the Australian Medical Council set explicit requirements for the accreditation of CPD providers to facilitate the practice of culturally safe health care for Aboriginal & Torres Strait Islander peoples.

Your college has a vital role to play in ensuring physicians and paediatricians are educated and equipped with the skills and knowledge required to serve the health needs of patients and eliminate health inequity. The data indicates that neither Australia nor Aotearoa New Zealand is close to achieving equitable outcomes for Aboriginal and Torres Strait Islander people or Māori⁵. CPD activities that focus on cultural safety and issues of health equity are one of the strategies introduced to support the changes required to serve the needs of our communities. Our other strategic initiatives are outlined in the [Indigenous Strategic Framework](#) and [Gender Equity in Medicine Working Group Report](#).

Strongly encouraging physicians and paediatricians to focus their CPD activities on cultural safety is one step towards prioritising culturally safe practice and addressing issues of health equity. These activities should allow you to reflect on your own culture, attitudes, and biases to assist you to develop a culturally safe approach to patient care, and to learn about the cultures of patients. In relation to Indigenous patients, it is important to recognise the ongoing impacts of colonisation and dispossession.

While you are encouraged to complete individual activities relating to cultural safety and issues of health equity, such as courses, attending webinars or conducting an audit, it is important that cultural safety is embedded throughout your CPD activities where possible. For example, when developing your PDP, look for opportunities in the CPD activities you choose to critically reflect, challenge, and transform your worldview, to uncover biases and to better understand the ways in which your privilege and power impact on the way you practice. Addressing these issues may cause some discomfort, and it is important to have support strategies in place. The CPD activities you outline might then be discussed with your peer or employer as part of your annual conversation.

The College encourages you to focus on CPD activities relating to cultural safety and issues of health equity to enhance your scope of practice. As a good starting point, you might want to explore the [Aboriginal, Torres Strait Islander and Māori Cultural Safety Curated Collection](#).



Resources and support

There are three key platforms that will assist you to meet these new requirements:

 <p>MyCPD Interactive Handbook</p>	<p>The MyCPD Interactive Handbook. This includes all the information you need on the framework as well as examples of how your peers meet their requirements.</p>
 <p>RACP Online Learning</p>	<p>The eLearning platform where you can find the Aboriginal, Torres Strait Islander and Māori cultural safety curated collection, audit and peer review ideas, and more.</p>
 <p>MyCPD</p>	<p>The MyCPD platform was recently upgraded to streamline the recording of your CPD activities. If you complete a course on the RACP eLearning platform, this will now automatically be recorded in your MyCPD summary.</p>

Additional information

Regulatory context

From 2023, The Medical Board of Australia's revised CPD registration standard⁶ and The Medical Council of New Zealand's / Te Kaunihera Rata o Aotearoa strengthened recertification requirements for vocationally-registered doctors in New Zealand⁷ will take effect.

The College has drawn together the core requirements of both regulators to create a revised Australasian MyCPD Framework that will take effect from 2023. The Framework remains self-directed, allowing you to choose meaningful CPD activities that are relevant to your scope of practice and use your discretion when selecting the category to record them.

The evidence for change

The Medical Board of Australia's Building a Professional Performance Framework highlights that "regular performance feedback, collaboration with peers and self-reflection are among the cornerstones of life-long learning"⁸.

Similarly, the Medical Council of New Zealand's discussion document on strengthened recertification for vocationally-registered doctors in New Zealand states "evidence shows that interactive educational sessions, peer review and audit are more likely than other activities to lead to practice change and improvements in patient outcomes"⁹.

Further information on the evidence for change can be found in the Medical Board of Australia's [Expert Advisory Group on revalidation report](#) and the Medical Council of New Zealand's [literature review of the evidence supporting change to recertification activities](#).

The benefits of the changes

“Having regular contact with my peers has enabled me to keep up with genomics for example. As a result, I can provide parents of my patients with the opportunity to learn about their child’s diagnosis and possible targeted treatments”

Professor Peter Procopis, Paediatrician

“After participating in an evidence based review of the management of diabetes complications, I collaborated with colleagues to develop a multidisciplinary team to support patients with diabetes to avoid amputation”

Dr Sharon O’Rourke, Public Health Physician

“Reviewing performance helps us to identify areas of concern early, allows for self-evaluation, and gives opportunity for feedback and improvement. Ultimately it promotes better patient care”

Dr Jessamine Lui, Geriatrician

To learn more about the benefits of the CPD changes, head to the [‘Framework explained’](#) section of the Interactive Handbook. This hosts webinars, videos, podcasts and courses on the CPD changes, including the benefits and literature to support the new requirements.

CPD non-compliance and regulatory reporting

It’s important for you to know that your college is here to support you with the new CPD requirements.

We acknowledge that these changes will be challenging for some, and you may require additional time, planning and resources to meet the new requirements. We acknowledge also that identifying and completing some activities will be more challenging for those in some specialties, work settings and career stages. We want to work proactively with you to ensure you understand and can meet your CPD obligations and importantly, undertake meaningful CPD that continues to improve your practice.

Our audit processes will continue to be focused on building your understanding and providing education and clarity at every point. We want you to get it right and to transition with ease into this new framework.

The CPD Team is here to support you as best we can. However, for the first time, both regulators now require colleges/CPD homes to report to them any non-compliant doctors. This will only be done as a last resort after a significant process of follow up and support.

Contact us

We’re here to help, please contact the CPD Team for any assistance:



Australia

1300 697 227

MyCPD@racp.edu.au



Aotearoa New Zealand

04- 460 8122

MyCPD@racp.org.nz



References and supporting documents

1. Medical Council of New Zealand. [Recertification requirements for vocationally-registered doctors in New Zealand](#). November 2019. Adapted from the definition of an annual conversation. Pg 8 (<https://www.mcnz.org.nz/assets/Publications/Booklets/f7d4bc7fff/Strengthened-recertification-requirements-for-vocationally-registered-doctors-November-2019.pdf> - last accessed 11 July 2022.)
2. Medical Board of Australia. [Registration standard: Continuing professional development](#). Effective from 1 January 2023. Released 30 July 2021. Adapted from the definition of a professional development plan. Pg 5. (<https://www.ahpra.gov.au/documents/default.aspx?record=WD21%2f31045&dbid=AP&chksum=JRF%2bAHNPLeOTJ8OQRc8Seg%3d%3d> - last accessed 11 July 2022.)
3. Medical Council of New Zealand. [Statement on cultural safety](#). October 2019. (<https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf> - last accessed 11 July 2022).
4. New Zealand Ministry of Health. [Definition of equity](#). March 2019. (<https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity> - last accessed 11 July 2022.)
5. Royal Australasian College of Physicians. Statement on '[Indigenous child health in Australia and Aotearoa New Zealand](#)'. December 2020. (<https://www.racp.edu.au/docs/default-source/advocacy-library/indigenous-ch-statement-on-ich.pdf> - last accessed 11 July 2022)
6. Medical Board of Australia. [Registration standard: Continuing professional development](#). Effective from 1 January 2023. Released 30 July 2021. Last accessed 11 July 2022.
7. Medical Council of New Zealand. [Recertification requirements for vocationally registered doctors in New Zealand](#). November 2019. Last accessed 11 July 2022.
8. Medical Board of Australia. [Building a Professional Performance Framework](#). November 2017. Pg 2. (<https://www.medicalboard.gov.au/documents/default.aspx?record=WD17%2f24292&dbid=AP&chksum=3ULVx42LngmdsiAlxla8fQ%3d%3d> - last accessed 11 July 2022.)
9. Medical Council of New Zealand. [Strengthening recertification for vocationally-registered doctors in New Zealand. A discussion document](#). September 2018. Pg 8. (<https://www.mcnz.org.nz/assets/MediaReleases/3783df659b/Discussion-document-strengthened-recertification.pdf> - last accessed 11 July 2022.)