2025 CPD Framework

The annual minimum CPD requirement is **50 hours**, inclusive of the mandatory activities.
The examples listed are common activities in each category, the framework is not intended to be a comprehensive list.

50 hours minimum of CPD
Inclusive of the mandatory CPD activities

Mandatory CPD Activities

Annual conversation
(Category 2)

Professional development plan
(Category 2)

Cultural safety (including addressing health inequities)
Minimum 2 activities
Activities can be completed in Category 1, 2 or 3.

Ethics & professional behaviour
Minimum 2 activities
Activities can be completed in Category 1, 2 or 3.

All CPD participants must embed cultural safety (including addressing health inequities), ethics and professional behaviour into CPD activities.

CATEGORY 1 — EDUCATIONAL ACTIVITIES

min. 12.5 hours

Educational activities include learning activities such as lectures, presentations, conference attendance and reading, as well as opportunities in day-to-day practice, that contribute to a doctor's maintenance, updating and broadening of their medical knowledge and professional skills.

Examples

- 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) / info searches e.g. Medline
- Grand rounds / journal clubs
- Hospital and other medical meetings
- Online Learning (including the RACP Online Learning courses) / audio (including Pomegranate Health) / videos (including Medflix)
- Committee / working group / council involvement
- Self-assessment programs e.g. MKSAP
- Providing mentoring and executive coaching
- Presentations (including preparation time)
- Teaching
- Mentoring of trainees, medical students, PhD students
- Undertaking College educational roles
- Other educational activities

min. 25 hours from across categories 2 & 3

CATEGORY 2 — REVIEWING PERFORMANCE

min. 5 hours

Reviewing performance includes activities that, formally or informally, critically appraise, assess and monitor doctors' actual work processes. The role of peers, co-workers and patients together with their feedback is critical in this process of review, reflection and learning by doctors about their practice.

Examples

- Creating / maintaining a professional development plan
- Creating / maintaining a self-care plan
- Annual performance appraisal of my practice by a peer/manager
- Annual conversation with a colleague focused on review of my practice
- Regular Practice Review of my practice using RACP professional development review form/process
- Supervision of trainees, medical students, PhD students
- Examining of trainees, medical students
- Assessment/marking of an advanced training research project
- Peer review of:
  - Clinical and/or professional practice (See Supporting Professionalism in Practice)
  - Records / correspondence / reports
  - Supervision (also see Supervisor Self Reflection and Skills Review Tool)
  - Educational activities
  - Journal articles submitted for publication
  - Professional and speciality specific competencies and activities including:
    - leadership
    - partnership building
    - stakeholder management
    - policy development
    - writing grants and publications
  - Communication including reports, letters, information leaflets and website material
  - Cases
  - Critical incidents
  - Safety and quality reviews
  - Outbreak management
  - Workplace incidents
  - Laboratory safety
- Multi-source feedback using validated tools and processes
- Patient feedback / experience studies
- Participation in the RACP Supervisor Professional Development Program (SPDP)
- Receiving mentoring or coaching
- Other activities that involve reviewing performance

CATEGORY 3 — MEASURING OUTCOMES

min. 5 hours

Measuring outcomes is a quality improvement process that includes review of a doctor's everyday work and resultant patient/health outcomes. The doctor can then analyse, reflect on and use the data/information gathered to develop their practice and identify professional development needs, with a view to improving patient care and health outcomes.

Examples

More specific examples can be found in our curated collection of clinical and non-clinical audit and peer review ideas

- Practice audits (See Supporting Professionalism in Practice) / Clinical audits
- Audit for:
  - Adherence to standards / guidelines / procedures
  - Practice against relevant EVOLVE recommendations
  - Medicolegal reports
  - Cultural safety / health equity
  - Records
  - Recommendations uptake
  - Worker assessment reports
  - Workplace assessment reports
  - Supervision
  - Standards of confidentiality
  - Site remediation
  - Effectiveness of stakeholder consultation; education sessions delivered; communicable disease notifications advised on; completed investigations, e.g. outbreak, environmental risk, workplace risk
  - Compliance with key legislation
  - Funding success
- Formal research involving analysis of health outcomes data
- Preparing publications of research involving analysis of health outcomes data
- Supervision of an Advanced Training Research Project
- 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
- Clinicopathological correlation meetings
- Contribution to evaluation / development of an endorsed policy in the workplace (where the contribution is based in review of data / measurement of outcomes)
- Development of new legislation (where the development is based in a review of health data outcomes)
- Other activities that involve measuring outcomes