

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



## 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/marketing 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

min.  
25 hours  
from  
across  
categories  
2 & 3

## 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