



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

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 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
- Research
- Hospital and other medical meetings
- Online Learning (including the [RACP Online Learning courses](#) and the [Spaced Learning](#) / audio (including [Pomegranate Health](#)) / videos
- Committee / working group / council involvement
- Self-assessment programs e.g. [MKSAP](#)
- Providing mentoring and executive coaching
- Presentations (including preparation time)
- PhD studies / formal postgraduate studies
- Publications (including preparation time)
- Teaching
- Supervision of trainees, medical students, PhD students
- Mentoring of trainees, medical students, PhD students
- Examining of trainees, medical students
- Undertaking College educational roles
- Other educational activities

Completing activities listed in Category 1 may, on some occasions, require you to engage in peer review or outcome measurement. Where this is the case, only the time you spend on that component of the activity (and not the whole time for that activity) can be claimed in categories 2 or 3.

CATEGORY 2 **REVIEWING PERFORMANCE** **3 CREDITS PER HOUR**
Maximum 60 credits per year

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

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

- [Creating / maintaining a personal professional development](#) plan
- Creating / maintaining a [self-care plan](#)
- Performance appraisal
- [Annual Conversation](#)
- Formal Regular Practice Review (i.e. using [RACP professional development review form / process](#))
- [Peer review](#) of:
 - Clinical and/or professional 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



Examples

CATEGORY 3

MEASURING OUTCOMES

3 CREDITS PER HOUR
Maximum 60 credits per year

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

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 for:
 - Adherence to standards / guidelines / procedures
 - Practice against relevant EVOLVE recommendations
 - [Medicolegal reports](#)
 - [Cultural safety / health equity](#)
 - Bullying / harassment
 - [Records](#)
 - Practice audits
 - [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
- 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
- Analysis and reflection on health outcomes data as part of research related activities
- 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

For links to templates that can be modified to suit your purpose, and for steps to take to complete an audit, see the [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.

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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 specialties (e.g. 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 (face to face or virtually) 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.