

Provider Handbook

Document notice

This notice sets out important information about the use of this document and related supporting materials.

RACP reserves the right to amend, update, or withdraw any part of this document at any time to reflect changes in operational, legal, or regulatory requirements.

From time to time, supplementary documents, policies, or guidelines may be developed to support or clarify the contents of this document. Such materials may be communicated separately and/or made available on the College's website and should be read alongside related CPD Program documents.

Providers are encouraged to regularly review this document and any supplementary documents to ensure they remain informed of current requirements and expectations.

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SECTION 1.0

Introduction

1.1 Purpose of this handbook

This handbook has been developed to support external education providers who wish to have their organisation and learning activities recognised for Continuing Professional Development (CPD) by the Royal Australasian College of Physicians (RACP).

It outlines the requirements, processes and standards that guide how the RACP evaluates, approves and monitors CPD activities for use by RACP CPD participants.

The Handbook serves three key purposes:

- to guide organisations on how to become a recognised RACP CPD provider, including expectations for governance, delivery, and participant experience
- to provide clear guidance on how to design and submit activities that meet the RACP recognition requirements
- to describe the assessment and quality assurance processes used to evaluate submissions
- to ensure providers understand their responsibilities, including evidence expectations, CAPE alignment, and ongoing compliance

By following this guidance, providers can design high-quality activities that support RACP CPD participants in meeting their CPD requirements and maintaining safe, ethical and contemporary practice.

1.2 Who should use this handbook

This resource is intended for all organisations or individuals who develop and deliver educational content to the medical profession, including:

- professional societies
- health services and hospitals
- universities and training organisations
- government agencies
- non-profit organisations
- independent education providers
- commercial medical education companies

It is also relevant for organisations seeking to deliver activities across multiple jurisdictions (Australia and Aotearoa New Zealand) or for those aligning activities to specialist scopes of practice.

1.3 Overview of the RACP CPD Framework

The RACP CPD Framework sets out the requirements CPD participants must meet each year to fulfill their annual CPD obligations.

The Framework is aligned with:

- the [Medical Board of Australia Registration Standards for CPD](#)
- the [Medical Council of New Zealand Recertification Requirements](#)
- the [College's Professional Practice Framework](#)

CPD activities must support doctors to:

- engage in meaningful professional development
- maintain and improve contemporary specialist practice
- deliver culturally safe, equitable and ethical care
- reflect on their performance and outcomes
- participate in structured professional conversations and planning

Activities recognised by the College contribute to the annual CPD categories:

- Educational Activities (EA)
- Reviewing Performance (RP)
- Measuring Outcomes (MO)

Activities may also support the program-level requirements known as CAPE, which relate to:

- Cultural Safety
- Addressing Health Inequities
- Professionalism
- Ethical Practice

1.4 Relationship to Medical Board requirements

The CPD system administered by the RACP operates within the regulatory environment established by:

- Good Medical Practice: [A Code of Conduct for Doctors in Australia \(MBA\)](#)
- Good Medical Practice: [A Code of Conduct for Doctors in Aotearoa New Zealand \(MCNZ\)](#)
- The [MBA CPD Registration Standards](#)
- The [MCNZ Recertification Requirements](#)

These documents outline professional expectations in areas such as cultural competence, professional behaviour, ethics, communication, patient safety and equity.

Activities recognised by the College must therefore support compliance with these standards.

External providers play a critical role in ensuring specialist can access high-quality learning aligned with these regulatory expectations.

1.5 Key definitions and terminology

To ensure clarity and consistency, the Handbook uses the following terms:

CPD activity

Any structured learning, reflective, performance review, or quality improvement activity submitted for recognition.

External provider

An organisation or individual delivering CPD activities not developed internally by the RACP.

Recognition

Formal acknowledgement by the RACP that a provider activity meets the required Minimum Activity Standards for CPD.

Minimum Activity Standards

The College's criteria for assessing relevance, educational value, educational design, quality and evidence, application and implementation and CAPE alignment.

CAPE domains

Cultural Safety, Addressing Health Inequities, Professionalism, Ethical Practice.

CPD categories

Educational Activities, Reviewing Performance, Measuring Outcomes.

Evidence requirements

Documentation a participant must retain to demonstrate completion of an activity.

Recognised Activity Catalogue

The public listing of activities approved for CPD use.

These definitions are used throughout the Provider Handbook and Provider Expression of Interest Application Form.

SECTION 2.0

Understanding CPD requirements

2.1 Overview of CPD categories

The RACP CPD Framework requires participants to complete activities across three categories each year. External providers must design and submit activities that clearly align with one or more of these categories.

Educational Activities (EA)

Activities that expand or refresh medical knowledge, skills or professional capabilities.

Examples include lectures, courses, workshops, online modules, supervised practice, readings or research-related activities.

Reviewing Performance (RP)

Activities that enable participants to review their performance with feedback from peers, colleagues, supervisors, team members or patients.

Examples include multi-source feedback, case reviews, workplace performance discussions, ethics or professionalism reflection conversations.

Measuring Outcomes (MO)

Activities that involve measurement, audit or analysis of clinical outcomes or health data.

Examples include clinical audits, quality improvement initiatives, mortality and morbidity meetings, incident reviews or health equity outcome analysis.

Activities may include components that span more than one category.

When submitting an activity, providers must indicate the proportion of time allocated to each component.

2.2 Minimum annual requirements for participants

Participants must complete a total of 50 hours of CPD each year, comprising:

- A minimum of 12.5 hours of activities in Category 1. Educational Activities.
- A minimum of 25 hours of activities across Category 2. Reviewing Performance and Category 3. Measuring Outcomes, with a minimum of 5 hours for each category.

Mandatory requirements

- Professional Development Plan
- Annual Conversation

Additionally, participants are required to complete and record a minimum of 2 activities on cultural safety including addressing health inequities, and 2 activities on ethics and professional behaviour annually.

These CAPE-aligned activities may fall within EA, RP or MO categories.

Recognised activities offered by external providers play a significant role in supporting participants to meet these requirements.

2.3 Program-Level (CAPE) requirements

The RACP CPD program includes four program-level requirements that support high-quality care:

1. Culturally Safe Practice
2. Addressing Health Inequities
3. Professionalism
4. Ethical Practice

External providers are encouraged to incorporate one or more of these dimensions into their activity design where relevant.

Activities are assessed for CAPE alignment during the Recognition process and tagged according to their level of contribution. A CAPE domain may be addressed directly (explicit learning outcomes and content), partially (indirect relevance), or not at all.

2.4 The practitioner experience: How recognised activities are used

Once recognised, an activity becomes available to CPD participants who may:

- count the activity toward their EA/RP/MO hourly requirements
- meet their minimum activity CAPE requirement (if CAPE-aligned)
- include the activity in their Professional Development Plan
- reflect on the learning during their Annual Conversation
- collect and retain evidence for audit

External providers support this experience by supplying clear instructions, learning outcomes, activity descriptions and evidence expectations.

2.5 What external providers need to know

To be recognised by the RACP, external providers must:

- design activities that meet the Minimum Activity Standards
- clearly identify EA, RP or MO components
- document learning outcomes and provide required supporting materials
- consider CAPE alignment where appropriate
- meet evidence and quality assurance requirements
- submit activities through the formal Recognition process
- maintain currency and notify the College of any changes to recognised activities

Full details are outlined in the subsequent sections of this Handbook.

SECTION 3.0

Provider registration & participation

3.1 Becoming a recognised provider

Organisations seeking to have their CPD activities recognised must first meet the RACP's eligibility criteria and agree to the responsibilities outlined in this handbook.

The application process includes:

1. completing a provider expression of interest form
2. completing a provider eligibility checklist
3. agreeing to the RACP Terms and Conditions
4. confirming organisational capability to deliver high-quality CPD
5. providing a primary contact for CPD administration
6. if approved, paying the biennial provider registration fee

Once registered, providers may submit activities for Recognition.

Note: The biennial provider registration fee applies only to organisations that are approved as recognised providers. Information about the registration fee will be available on the RACP website from July 1, 2026.

3.2 Provider eligibility criteria

To qualify as a recognised provider, organisations must demonstrate:

- capacity and expertise to deliver education relevant to specialist medical practice
- alignment with the principles of cultural safety, equity, professionalism and ethical practice
- a commitment to evidence-based learning and contemporary knowledge
- reliable systems for recordkeeping, participant tracking and documentation
- compliance with privacy, data and organisational integrity requirements

Approval is at the discretion of the RACP.

3.3 Biennial registration fees

To support the administration of the Recognition system and ongoing quality review processes, providers will be required to pay a biennial registration fee.

The fee covers:

- provider onboarding
- access to guidance and support materials
- eligibility to submit activities for Recognition
- listing in the CPD Recognised Activity Catalogue (once approved)

Fees may vary by provider size or volume of activities.

3.4 Provider responsibilities and obligations

By registering as an external provider, organisations agree to:

- submit activities that meet RACP standards
- supply accurate and complete documentation
- notify the RACP of changes to content, structure or delivery
- maintain educational integrity and transparency
- ensure equitable, culturally safe and ethical learning environments
- support participants to access evidence of completion
- cooperate with audit processes as required

Failure to meet obligations may result in suspension or removal of provider status.

3.5 Maintaining approved provider status

To remain an approved provider, organisations must:

- pay biennial renewal fees
- re-confirm agreement to terms and conditions
- participate in quality reviews as requested
- ensure that all recognised activities remain current and accurate
- respond promptly to College communications regarding compliance

Providers who no longer require recognition may formally withdraw.

3.6 Withdrawing or suspending provider status

Providers may elect to withdraw from the program by notifying the College in writing.

The RACP may suspend or revoke provider status where:

- activities no longer meet the Minimum Activity Standards criteria
- significant inaccuracies or misrepresentations are identified
- there is a breach of CAPE principles or ethical standards
- providers fail to meet administrative obligations

Decisions will be communicated formally, with guidance on next steps.

SECTION 4.0

The CPD Recognition & Assessment Framework

4.1. Purpose of the framework

The CPD Recognition & Assessment Framework sets out the requirements used by the RACP to assess activities submitted by external providers for recognition within the RACP CPD Program.

The Framework ensures that recognised activities:

- support physicians to meet annual CPD requirements
- provide educational value aligned with contemporary specialist practice
- support safe, ethical, and culturally competent care
- align with professional standards in Australia and Aotearoa New Zealand

All activities are assessed against the Minimum Activity Standards, which define the minimum requirements for CPD recognition and ongoing compliance.

4.2. Minimum Activity Standards: Overview for Providers

The Minimum Activity Standards (MAS) define the core educational standards that all activities must meet to be recognised within the RACP CPD Program.

The MAS form part of the RACP CPD Recognition and Assessment Framework, which provides the structure used to assess and recognise CPD activities submitted by external providers.

The MAS ensure that recognised CPD activities:

- are relevant to specialist medical practice
- provide meaningful educational value
- are based on contemporary knowledge and accepted professional standards
- use appropriate educational design
- support the application of learning to professional practice.

Together, these standards provide a consistent basis for assessing CPD activities submitted by external providers.

Activities are assessed against the MAS at two points.

Assessment point	Purpose
Recognition Assessment	Evaluation of the activity at the time of submission
Ongoing Compliance	Verification that the activity continues to meet MAS during the recognition period

To be recognised, activities must demonstrate compliance with all five MAS.

4.2.1 The five Minimum Activity Standards

MAS #	Standard	Application
MAS 1	Relevance to Specialist Practice	Recognition Assessment
MAS 2	Educational Value and Learning Outcomes	Recognition Assessment
MAS 3	Quality and Evidence Base	Recognition Assessment
MAS 4	Educational Design and CPD Category Alignment	Recognition Assessment
MAS 5	Application to Practice, Evidence and Ongoing Quality Assurance	Ongoing Compliance

Activities are assessed against MAS 1-4 during recognition assessment and must continue to meet MAS 5 throughout the recognition period.

4.2.2 How the MAS operate within the Recognition and Assessment Framework

The MAS represent the core educational standards used to assess CPD activities.

These standards operate alongside other elements of the Recognition and Assessment Framework that support the administration and monitoring of recognised activities.

Framework element	Purpose
Minimum Activity Standards	Core educational standards applied to all recognised activities
CPD Categories (EA / RP / MO)	Classification of activities based on learning process
CAPE Domains	Identification of activities supporting CPD program-level requirements (Cultural Safety, Addressing Health Inequities, Professionalism, Ethical Practice)
Evidence and Audit Requirements	Participant evidence expectations and audit verification processes
Recognition, Monitoring and Revalidation	Governance processes ensuring recognised activities remain compliant

Note: CAPE alignment may be identified where relevant to the activity design and learning outcomes.

While not required for all activities, CAPE-aligned activities assist CPD participants in meeting CPD program-level requirements.

MINIMUM ACTIVITY STANDARD 1

Relevance to Specialist Practice

Activities must demonstrate a clear purpose relevant to specialist medical practice.

Activities should:

- address issues relevant to clinical practice, professional development, or healthcare systems
- identify the intended target audience
- support meaningful improvement in specialist knowledge, skills, or professional behaviour.

Activities that lack relevance to specialist practice or professional development are not eligible for recognition.

MINIMUM ACTIVITY STANDARD 2

Educational Value and Learning Outcomes

Activities must demonstrate meaningful educational value.

Activities must:

- include clearly defined learning outcomes
- ensure learning outcomes are appropriate for the intended audience
- support the development of knowledge, skills, professional judgement, or reflective practice.

Activities that lack defined learning outcomes or educational intent do not meet MAS requirements.

MINIMUM ACTIVITY STANDARD 3

Quality and Evidence Base

Activities must be informed by contemporary knowledge and accepted professional standards.

Activities should:

- reflect current clinical knowledge or accepted professional practice
- reference credible evidence where appropriate
- avoid outdated, unsupported, or misleading information.

Educational content must maintain professional integrity and accuracy.

MINIMUM ACTIVITY STANDARD 4

Educational Design and CPD Category Alignment

Activities must demonstrate appropriate educational design and align with one or more CPD categories within the RACP CPD Program.

CPD Category	Description
Educational Activities (EA)	Activities supporting the acquisition or enhancement of knowledge or skills
Reviewing Performance (RP)	Activities enabling reflection, feedback, or evaluation of professional practice
Measuring Outcomes (MO)	Activities involving analysis of clinical, service, or system outcomes

Providers must ensure that:

- the activity design supports the selected CPD category
- category claims are consistent with CPD category definitions
- activities claiming more than one category specify time allocation for each category.

Where appropriate, activities may also identify alignment with CAPE domains, supporting CPD participants in meeting program-level requirements.

CPD CAPE Program-Level Domains

Some CPD activities may contribute to the RACP CPD Program's program-level learning domains, referred to collectively as CAPE.

Domain	Description
Cultural safety (C)	Activities that support culturally safe clinical practice and improved healthcare experiences for diverse patient populations.
Addressing health inequities (A)	Activities that build awareness and capability to recognise and respond to inequities in health outcomes.
Professionalism (P)	Activities that strengthen professional behaviours, responsibilities, and standards expected of physicians.
Ethical practice (E)	Activities that support ethical decision-making and conduct in clinical and professional practice.

CPD participants are required to complete activities relating to these program-level domains each CPD year.

Activities submitted by providers may therefore identify alignment with one or more CAPE domains where relevant to the learning outcomes or activity content.

Note: Alignment with CAPE domains is not required for all activities but may strengthen the relevance and value of the activity for CPD participants.

MINIMUM ACTIVITY STANDARD 5

Application to Practice, Evidence and Ongoing Quality Assurance

Recognised activities must maintain educational integrity and support application to practice throughout the recognition period.

Activities must:

- enable participants to apply learning to professional practice
- specify appropriate evidence for CPD audit and verification
- maintain educational independence and avoid commercial bias
- reflect principles of cultural safety, equity, and ethical practice
- include processes for evaluation or continuous improvement.

The RACP may request updated materials, clarification, or evidence of compliance with the MAS at any time during the recognition period.

Explanatory note for providers

Meeting the Minimum Activity Standards ensures that recognised CPD activities:

- support high-quality continuing professional development

- align with the educational expectations of the RACP CPD Program
- provide CPD participants with learning activities that contribute meaningfully to professional practice.

Activities that do not demonstrate compliance with the MAS may not be recognised, or recognition may be withdrawn.

MAS assessment checklist for providers

The following checklist may assist providers in preparing CPD activities for submission.

Activities should demonstrate how they meet each Minimum Activity Standard.

MAS	What reviewers will look for	Provider check
MAS 1. Relevance to Specialist Practice	Activity addresses issues relevant to specialist medical practice and identifies the intended audience.	<input type="checkbox"/> Activity purpose clearly described <input type="checkbox"/> Target audience identified
MAS 2. Educational Value and Learning Outcomes	Activity includes clear learning outcomes and meaningful educational intent.	<input type="checkbox"/> Learning outcomes defined <input type="checkbox"/> Outcomes appropriate to audience
MAS 3. Quality and Evidence Base	Educational content reflects current knowledge and accepted professional standards.	<input type="checkbox"/> Content informed by current evidence <input type="checkbox"/> References or sources identified where appropriate
MAS 4. Educational Design and CPD Category Alignment	Activity design supports learning and aligns with one or more CPD categories (EA, RP, MO).	<input type="checkbox"/> CPD category selected <input type="checkbox"/> Activity structure supports chosen category <input type="checkbox"/> Time allocation provided if multiple categories
MAS 5. Application to Practice and Ongoing Quality Assurance	Activity supports application of learning and maintains educational integrity during the recognition period.	<input type="checkbox"/> Evidence requirements defined <input type="checkbox"/> Activity evaluation or improvement process included

SECTION 5.0

Designing activities that meet Minimum Activity Standards

5.1 Designing learning for medical practice

Activities recognised by the RACP must reflect the complexity, responsibilities and expectations of specialist medical practice in Australia and Aotearoa New Zealand.

When designing content, providers should ensure:

- relevance to clinical, professional, cultural or ethical aspects of practice
- clear alignment to defined learning outcomes
- inclusion of practical application opportunities
- use of evidence-based, contemporary information
- representation of diverse populations and contexts
- consideration of social determinants of health and systemic inequities

Activities should support physicians at all levels of seniority and across a wide range of specialties.

5.2 Writing clear learning outcomes

Learning outcomes are essential to the Recognition process. They articulate what participants are expected to learn, understand, or apply.

Effective learning outcomes should be:

- clear and measurable
- relevant to the CPD categories the activity aligns to
- achievable within the activity duration
- linked to the content and assessment methods
- explicit about professional, ethical or cultural dimensions (where applicable)

Examples:

- Participants will be able to analyse trends in patient outcomes and identify areas for improvement.
- Participants will apply principles of culturally safe communication in clinical interactions.

Weak or vague outcomes (e.g., Participants will learn about diabetes) will result in delays or requests for revision.

5.3 Determining EA, RP, and MO categories

External providers are responsible for assigning the correct CPD category (or categories) to each activity.

Educational Activities (EA)

- Activities that build knowledge or skills.
- Examples: lectures, research presentations, online modules, training workshops.

Reviewing Performance (RP)

- Activities where performance is reviewed and feedback is obtained.
- Examples: peer review, case discussion groups, multi-source feedback.

Measuring Outcomes (MO)

- Activities that involve analysis or audit of outcomes.
- Examples: quality improvement projects, clinical audits, outcome benchmarking.

If an activity contributes to more than one category, the provider must indicate the time allocated to each component.

5.4 Incorporating CAPE domain principles into activity design

Activities may support one or more CAPE domains.

- Cultural Safety
- Addressing Health Inequities
- Professionalism
- Ethical Practice

Providers are encouraged to embed CAPE principles through.:

- inclusion of content on equity, discrimination, cultural competence or systemic barriers
- reflective questions addressing professional behaviour or ethical decision-making
- case studies that illustrate CAPE concepts
- examples that address biases, power dynamics, or communication challenges

CAPE-aligned activities contribute to participants' requirement to complete at least two CAPE activities each year.

5.5 Selecting evidence types appropriate to the activity

To support CPD auditing requirements, providers must identify the type(s) of evidence that participants should retain.

Examples:

- certificate of completion
- attendance record
- reflective notes or impact statements
- screenshots of completed modules
- audit reports
- peer or patient feedback summaries
- written assignments or assessments

The evidence must be:

- practical for participants to obtain
- aligned to the learning outcomes

- sufficient to demonstrate completion

5.6. Examples of strong vs weak applications

Examples of strong applications

- learning outcomes are clear, measurable and linked to content
- CPD category allocation is justified and accurate
- evidence requirements are specific and achievable
- CAPE alignment is well described (if relevant)
- the activity duration is appropriate for the content
- supporting documentation is complete and accurate

Examples of weak applications

- no learning outcomes, or outcomes are vague/unmeasurable
- prominent commercial bias in content
- unclear or incorrect category allocation
- missing evidence instructions
- incorrect duration claimed
- outdated or unsupported content

Strong alignment to the Minimum Activity Standards significantly increases the likelihood of Recognition.

SECTION 6.0

Submitting activities for recognition

6.1 Overview of the application process

Providers must submit activities through the RACP Activity Recognition Application Form.

Each application must include:

- activity details and purpose
- CPD category allocation
- learning outcomes
- evidence requirements
- links or supporting documents
- CAPE alignment (if applicable)
- duration and delivery format

Only complete applications progress to assessment.

Annual application schedule

Recognised provider applications for Activity Recognition are accepted during scheduled quarterly application periods.

Each application period opens in the second week of the quarter and remains open for 10 working days. Providers must submit a complete application, including all required supporting documentation, within the published application period.

Applications received outside the application period, or submitted with incomplete information, will not be assessed and must be resubmitted during the next scheduled intake.

Providers are encouraged to plan ahead and ensure all required information and supporting documentation is ready before the application period opens.

Quarter	Application period	Duration
Quarter 1	Second week of the quarter	10 working days
Quarter 2	Second week of the quarter	10 working days
Quarter 3	Second week of the quarter	10 working days
Quarter 4	Second week of the quarter	10 working days

Note: Specific dates for each quarterly application period will be published in advance on the RACP website.

6.2 Completing the activity recognition form

The application form includes the following elements:

- activity title and description
- total duration and category allocation (EA, RP, MO)
- learning outcomes
- evidence requirements for participants
- CAPE domain alignment (optional but encouraged)
- activity format and delivery mode
- supporting documentation or links
- provider contact information

Providers must ensure all fields are completed before submitting.

6.3 Required supporting documentation

Examples of supporting evidence include:

- facilitator outlines or slides

- program or agenda
- participant instructions
- sample materials or case studies
- evaluation forms
- sample certificates

Incomplete documentation is a common reason for delayed assessments.

6.4 Application completeness checklist

Before submitting an activity, providers should confirm:

- learning outcomes are clear and measurable
- the CPD category allocation is correct
- CAPE alignment is described (if applicable)
- evidence requirements are stated
- duration matches the learning content
- all links and attachments work
- no promotional or biased content is present
- all relevant policies and requirements have been met

6.5 Assessment process fees

Assessment process fees apply to activities submitted for recognition by recognised providers.

These fees support:

- activity assessment and moderation
- CAPE and clinical review processes
- ongoing maintenance of the Recognised Activity Catalogue
- administrative processing

Note: Assessment process fees are separate from the perennial provider registration fee. Information about these fees will be available on the RACP website from July 1, 2026.

6.6 Timeframes for submission and review

Standard timeframes for assessing activities are:

- Initial review: ~15–20 business days
- Requests for clarification: varies depending on provider response
- Final determination: generally, within 30 business days

Complex activities or those requiring clinical/cultural safety escalation may require additional time.

6.7 Common submission errors to avoid

- Learning outcomes not provided
- Incorrect or unjustified CPD category allocation
- No evidence requirements specified
- Missing or broken links and attachments
- Promotional content embedded within learning materials
- Absence of CAPE explanation for activities that clearly include CAPE elements
- Duration inflated beyond reasonable learning expectations

Avoiding these issues helps ensure an efficient assessment and recognition process.

SECTION 7.0

How your activity will be assessed

7.1 Overview of the assessment process

All activities submitted by external providers undergo a structured, multi-step assessment using the RACP Minimum Activity Standards (MAS).

The assessment process ensures:

- fairness and consistency
- alignment with regulatory requirements
- educational quality
- participant relevance
- safety, cultural appropriateness and professional integrity

Activities are not compared against those of other providers - each stands on its own merits.

7.2 Step-by-step assessment workflow

Step 1. Completeness check

The RACP team reviews the application to ensure all required information and documents have been provided.

Step 2. Educational design assessment (mandatory)

Reviewers assess:

- Learning outcomes
- Relevance to specialist practice

- Educational structure
- Evidence-base
- Duration and engagement
- Adult learning methodology

Step 3. CPD category assessment (mandatory)

Reviewers test whether the activity appropriately aligns with:

- Educational Activity (EA)
- Reviewing Performance (RP)
- Measuring Outcomes (MO)

and whether time allocation is accurate.

Step 4. CAPE alignment assessment (optional)

Activities are assessed for their contribution to:

- Cultural Safety
- Addressing Health Inequities
- Professionalism
- Ethical Practice

Alignment may be direct, partial, or not applicable.

Step 5. Evidence requirements assessment

Reviewers confirm that:

- Evidence is practical and appropriate
- Instructions to participants are clear
- Evidence supports audit integrity

Step 6. Escalation pathways (if needed)

Some activities may require additional review, such as:

- Clinical or specialty-specific content
- Cultural safety considerations
- Ethical dilemmas or sensitive material
- High-risk or outcome-focused activities

These may be escalated to clinical advisors or relevant RACP committees.

Step 7. Moderation and final determination

All decisions undergo internal moderation to ensure consistency across providers and activity types.

7.3 Evidence validation

The RACP does not require providers to submit participant evidence, but it does:

- Evaluate the appropriateness of the evidence type
- Ensure participants will be able to meet racp CPD audit requirements
- Assess whether the evidence matches the category and learning outcomes

7.4 Assessment timeframes

Indicative timeframes:

- Initial review: within ~15–20 business days
- Clarification (if required): depends on provider response time
- Final outcome: within ~ 30 business days

Complex activities may take longer.

7.5 Moderation & quality assurance

To ensure fairness and consistency:

- Assessments are peer-reviewed internally
- Sampling and moderation occur regularly
- Decisions are aligned with mas and cape rulebooks
- Trends are monitored to ensure equity and cultural integrity

SECTION 8.0

Recognition outcomes & notifications

8.1 Recognition categories

An activity may receive one of four outcomes:

1. Recognised	The activity meets all MAS requirements and may be included in the Recognised Activity Catalogue.
2. Recognised with Conditions	The activity is approved with specific requirements (e.g., minor updates, clarified evidence).
3. Requires Revision	The activity is not yet able to be recognised and needs amendments. Providers may resubmit once revisions are complete.
4. Not Recognised	The activity does not meet the standards required for Recognition. Significant redesign is required before resubmission.

8.2 Outcome and notification process

Providers will receive:

- A formal written notification
- A summary of findings
- An explanation of any required changes
- Recommendations for future submissions
- Information about revalidation timelines

Notifications are provided via email to the designated provider contact.

8.3 Conditions for recognition

Conditions may relate to:

- Updating learning outcomes
- Correcting category allocation
- Clarifying evidence requirements
- Refining cape alignment statements
- Removing promotional content
- Correcting outdated clinical references

Conditions must be addressed for renewal or revalidation.

8.4 Revisions prior to reassessment

If revisions are required:

- Providers will receive a clear list of required changes
- Applications may be returned through the same portal or form
- Normal review timeframes apply
- Complex revisions may undergo escalation

8.5 Validity periods and revalidation

Recognised activities are valid for a set period (e.g., 1–3 years), after which they must be revalidated.

Revalidation considers:

- Currency of clinical and educational content
- Alignment to updated standards
- Participant or audit feedback
- CAPE relevance

8.6 Reconsiderations

Providers may request:

- A clarification discussion
- Reconsideration of a decision

Reconsiderations must be lodged within the timeframe stated in the notification. The notification will provide instructions on how to lodge a reconsideration and a link to the related form.

SECTION 9.0

After your activity is recognised

Once an activity has been recognised by the RACP, it becomes part of the CPD educational ecosystem used by participants to meet their annual requirements.

This section outlines what providers can expect after recognition, including responsibilities, quality management expectations, and opportunities for ongoing engagement.

9.1 Inclusion in the Recognised Activity Catalogue

Recognised activities may be included in the RACP Recognised Activity Catalogue, a publicly accessible listing designed to support CPD participants in identifying suitable learning activities.

Catalogue listings typically include:

- Activity title
- Provider name
- CPD category allocation (EA/RP/MO)
- Duration and delivery mode
- Learning objectives
- CAPE alignment (if applicable)
- Brief activity description
- Link to registration or provider website

Once listed, activities become visible to the physician community and may contribute directly to participants' CPD requirements.

9.2 Use of RACP branding and acknowledgement

Recognised activities may be eligible to display a form of wording such as:

"This activity is recognised by the RACP for Continuing Professional Development"

The College will provide:

- Specific brand usage guidelines

- Conditions for acknowledgement
- Examples of approved language

Providers are not permitted to imply endorsement of an organisation, product, service or commercial interest.

Brand misuse may result in suspension or removal of recognition.

9.3 Updating or modifying recognised activities

If a provider makes changes to a recognised activity, they must notify the RACP before delivering the modified version.

This includes changes to:

- Content or curriculum
- Learning outcomes
- Evidence requirements
- Delivery format or facilitators
- CPD category allocation
- Duration
- CAPE-relevant content

Some changes may require a formal re-assessment.

Providers are encouraged to discuss modifications with the RACP in advance to avoid disruption to recognition status.

9.4 Revalidation requirements

Recognised activities are approved for a set period, usually:

- 2–3 years, depending on activity type
- Less for high-variability or clinically sensitive content

Revalidation ensures the activity continues to meet:

- Minimum Activity Standards (MAS)
- Current clinical and professional knowledge
- Regulatory and CAPE expectations
- Participant needs and feedback trends

Providers may be asked to supply updated materials or respond to improvement recommendations.

9.5 Provider marketing and promotional use

Providers may promote recognised activities using approved language (as referenced in 9.2).

All promotional materials must:

- Accurately represent the Recognition
- Avoid implying RACP endorsement of a product, organisation or commercial entity
- Provide a direct link to the recognised activity itself
- Avoid exaggerating CPD hours or category allocations

Examples of unacceptable statements:

- *RACP-endorsed training*
- *Accredited by the RACP as best-practice CPD*

Promotional compliance is monitored by the College.

9.6 Withdrawing an activity

Providers may choose to withdraw an activity at any time by notifying the RACP.

An activity may also be withdrawn by the College if:

- It no longer meets Minimum Activity Standards
- Significant inaccuracies or safety concerns arise
- Promotional misuse continues after warning
- The provider ceases to be a registered CPD provider

Withdrawn activities are removed from the Recognised Activity Catalogue and cannot be claimed by CPD participants from the withdrawal date forward.

9.7 Provider responsibilities after recognition

To maintain recognition status, providers must:

- Ensure the activity is delivered as approved
- Support participants in obtaining required evidence
- Maintain accurate records of participant engagement (where applicable)
- Respond promptly to communication from the racp
- Cooperate with audit-related requests
- Maintain cultural safety and ethical standards in delivery

Recognition is not an automatic guarantee of future approval; activities must maintain quality and compliance.

9.8 Participant feedback and quality monitoring

Recognised activities may be subject to:

- Participant feedback review

- Quality monitoring by the racp
- Escalation if issues arise related to professionalism, ethics or cultural safety

Providers are encouraged to collect and reflect on participant feedback as part of continuous improvement.

Where concerns arise, the College will work collaboratively with providers to resolve issues, unless major safety, equity or ethical concerns require escalation.

9.9 Renewal of provider status

Continued recognition of activities is dependent on the provider maintaining approved provider status, which includes:

- Payment of perennial provider registration fees
- Compliance with terms and conditions
- Timely communication regarding changes
- Cooperation with audit or monitoring processes

Providers who lose approved status will have their recognised activities removed from the Catalogue.

SECTION 10.

Audit, compliance & evidence requirements

Activities recognised by the RACP must support medical practitioners to meet their CPD obligations and comply with audit requirements.

This section outlines how evidence is used, what providers must supply, and how compliance is monitored over time.

10.1 Overview of audit and compliance expectations

The RACP is required to ensure that CPD participants meet regulatory obligations as set by:

- The Medical Board of Australia (MBA)
- The Medical Council of New Zealand (MCNZ)

To meet these obligations, the RACP conducts annual audits and ongoing quality assurance reviews.

Recognised activities must therefore:

- Clearly define evidence participants should retain
- Provide realistic and accessible ways for participants to obtain that evidence
- Be structured in a way that supports verification of participation
- Maintain educational and professional integrity

Providers share responsibility for ensuring their activities can be reliably audited and satisfy audit expectations.

10.2 Evidence requirements for participants

Every recognised activity must specify the type(s) of evidence that participants should retain in case of audit. Acceptable examples include:

Educational Activities (EA)

- Certificate of completion
- Attendance record
- Quiz or assessment results
- Reflective notes

Reviewing Performance (RP)

- Summary of peer feedback or case discussion
- Multi-source feedback report
- Meeting summaries
- Self-reflection or action plan

Measuring Outcomes (MO)

- Audit report or summary
- QI project documentation
- Outcome data analysis
- Reflection on changes made

The evidence must:

- Be easy for the participant to access
- Clearly demonstrate participation
- Align with the learning outcomes and CPD category
- Be realistic for the provider to support

Providers are required to retain participant evidence of participation for CPD record-keeping purposes. Participants are also required to keep evidence of their participation for their own CPD records.

10.3 Guidance for providers on supporting participants

To ensure participants meet audit requirements:

Providers must:

- Clearly instruct participants on what evidence to retain
- Ensure the evidence type is feasible and practical
- Provide certificates or verification where possible

- Maintain accurate attendance or participation mechanisms (e.g., sign-in sheets, automated LMS tracking)
- Provide downloadable documentation for asynchronous or self-paced activities

Providers should not rely on participants generating their own evidence without guidance.

10.4 How the RACP conducts audits

Each year, the RACP randomly selects a proportion of CPD participants for audit.

Participants must produce evidence for the activities they claim.

During audit, the RACP may verify activities by:

- Reviewing participant evidence
- Checking provider attendance records (where available)
- Confirming activity details against the recognised activity catalogue
- Contacting providers if clarification is required

Providers may be contacted to confirm:

- The participant attended or completed the activity
- The format and duration matched the approved version
- The evidence type specified remains correct

10.5 Provider responsibilities during audits

If contacted, providers are expected to assist promptly by:

- Confirming participation (if records are held)
- Clarifying the approved activity version
- Explaining the intended evidence requirements
- Addressing any inconsistencies

Providers are not required to verify participant performance or assess learning outcomes unless this is part of the activity design.

Failure to cooperate with audit-related inquiries may affect future recognition status.

10.6 Activity risk levels and triggers

Some activity types may be classified as higher risk, requiring additional documentation or review, particularly when involving:

- Clinical decision-making or procedural skills
- Cultural safety or equity-related claims
- Ethically sensitive material

- Activities with outcome measurement components
- Medico-legal or high-stakes professional content

Risk triggers for additional scrutiny include:

- Inconsistency in evidence requirements
- Participant complaints or negative feedback
- CAPE misalignment claims
- Commercial or promotional influence
- Unclear or inflated CPD duration

High-risk activities may require:

- Additional supporting materials
- Specialist or cultural safety review
- Revalidation sooner than standard intervals

10.7 Data retention expectations

To support audit processes and activity integrity:

Providers should retain documentation for the duration of the activity's recognition period, including:

- Activity outline and learning outcomes
- Evidence type defined for participants
- Versions of educational materials used
- Attendance or participation records (if applicable)

This ensures traceability if discrepancies arise.

Providers must also adhere to relevant privacy and record keeping legislation in Australia and Aotearoa New Zealand.

10.8 Managing non-compliance or concerns

If issues arise with a recognised activity, the RACP may:

- Request clarification or updated documentation
- Temporarily suspend recognition pending review
- Remove the activity from the recognised activity catalogue
- Notify the provider of corrective actions required

Common concerns include:

- Outdated or inaccurate clinical information
- Misleading claims or promotional content

- Inappropriate cape alignment statements
- Participant complaints related to cultural safety
- Evidence requirements that cannot be met in practice

The RACP will work constructively with providers to address concerns raised, including cases involving material compliance concerns.

10.9 Continuous improvement expectations

Providers are encouraged to:

- Review participant feedback
- Update content for accuracy and relevance
- Reflect on evidence and cape components
- Identify opportunities to enhance learning design
- Incorporate cultural safety and health equity considerations

Continuous improvement strengthens provider credibility and supports better learning outcomes.

SECTION 11.

CAPE requirements for providers

The CPD program includes four program-level requirements that support safe, equitable, professional and ethical medical practice.

External providers play a key role in enabling medical practitioners to maintain and develop these competencies through high-quality CPD activities.

CAPE refers to:

- Cultural Safety
- Addressing Health Inequities
- Professionalism
- Ethical Practice

Activities may contribute directly, partially, or not at all. While CAPE alignment is not mandatory for activity recognition, CAPE-enhancing activities deliver additional value and support specialist to meet their annual requirement to undertake at least two CAPE-aligned activities.

11.1 Overview of CAPE domains

Cultural safety

Cultural safety involves recognising and addressing biases, power imbalances and systemic inequities in healthcare.

Activities aligned to this domain may include content on:

- Cultural awareness, cultural competence or cultural humility
- Indigenous health priorities and histories
- Working respectfully with Aboriginal and Torres Strait Islander peoples and Māori communities
- Culturally safe communication
- Structural racism and its impact on health outcomes

Addressing health inequities

Activities aligned to this domain help practitioners understand and address unjust differences in health outcomes caused by social, structural and institutional factors.

Examples include:

- The impact of colonisation and intergenerational disadvantage
- Systemic barriers to equitable health access
- Social determinants of health
- Strategies for improving equity within clinical practice or health systems
- Data-driven or outcome-focused analysis of disparities

Professionalism

Professionalism involves ethical conduct, accountability, communication, teamwork and commitment to ongoing development.

Activities aligned to this domain may cover:

- Professional boundaries
- Respectful interactions with patients and colleagues
- Communication skills and teamwork
- Reflective practice
- Supervision, mentoring and feedback
- Managing conflicts of interest

Ethical Practice

Ethical practice involves applying moral principles and professional standards in clinical and professional decision-making.

Activities aligned to this domain may include:

- Confidentiality and privacy
- Informed consent
- Decision-making in complex or ambiguous situations
- Natural justice, procedural fairness and equity

- Ethical dilemmas in clinical care
- Obligations under good medical practice codes
- Managing conflicts of interest

CAPE Matrix Key Criteria

Providers are encouraged to refer to the CAPE Recognition Key Matrix Criteria in the appendix for detailed descriptions of activities that may contribute to CAPE recognition.

Only activities that explicitly include one or more of the relevant matrix criteria will be considered for recognition.

11.2 Designing CAPE-aligned activities

Providers are encouraged to consider CAPE alignment early in the activity design process.

Activities may feature CAPE elements through:

- Learning outcomes that explicitly reference CAPE principles
- Inclusion of case studies, patient scenarios or ethical dilemmas
- Structured reflection on cultural, ethical or professional issues
- Discussion of systemic inequities or power imbalances
- Examples drawn from Australian and Aotearoa New Zealand practice contexts

Embedding CAPE elements strengthens educational value and improves participant engagement.

11.3 CAPE alignment levels

During the recognition process, activities are assigned one of three CAPE alignment levels:

1. Direct alignment

The activity includes explicit CAPE learning outcomes or substantial content addressing a CAPE domain.

2. Partial alignment

The activity partially supports CAPE development.

For example, through communication, team-based learning, quality improvement or ethical case discussion.

3. No alignment

The activity does not include CAPE elements.

This is acceptable; CAPE alignment is not required for recognition.

11.4 CAPE alignment examples

Cultural safety

- Cultural safety workshop
- Training on culturally respectful communication
- Activities addressing bias, racism or discrimination in healthcare
- Learning modules on Indigenous health priorities

Addressing health inequities

- Analysis of health outcome disparities
- Activities focused on community engagement
- Training on social determinants of health
- QI projects addressing inequity in service delivery

Professionalism

- Peer review activities
- Communication training
- Mentoring or supervision workshops
- Case scenarios addressing professional conduct

Ethical Practice

- Case-based ethical discussions
- Decision-making in end-of-life care
- Handling conflicts of interest
- Informed consent communication

11.5 CAPE classification criteria used in assessment

When reviewing activities, the RACP assesses CAPE alignment using the following criteria:

- Does the activity explicitly address one or more CAPE domains?
- Are CAPE elements represented in learning outcomes or content?
- Does the activity require participants to reflect on professionalism, ethical issues or cultural safety?
- Does the activity support health equity in a meaningful way?
- Is the content culturally sensitive and aligned with Australian and Aotearoa New Zealand contexts?

Activities that meet these criteria may receive a CAPE tag in the Recognised Activity Catalogue.

11.6 CAPE considerations for activities delivered in Australia or Aotearoa New Zealand

Providers must consider jurisdictional context when designing CAPE-related content.

Australia

Content must reflect principles outlined in:

- Good Medical Practice: [A Code of Conduct for Doctors in Australia \(MBA\)](#)
- the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)
- the [Aboriginal and Torres Strait Islander health priorities](#)

Aotearoa New Zealand

Content must align with:

- the [Treaty of Waitangi principles \(Partnership, Participation, Protection\)](#)
- Good Medical Practice: [A Code of Conduct for Doctors in Aotearoa New Zealand \(MCNZ\)](#)
- RACP [Māori health frameworks and priorities](#)

Providers delivering activities across both countries should ensure content is appropriate and respectful for both contexts.

11.7 When CAPE alignment is required

CAPE alignment is required when:

- The provider explicitly states that the activity supports one of the CAPE domains
- Learning outcomes reference CAPE concepts
- The activity includes cultural, ethical or professionalism themes

CAPE alignment is not required for recognition overall, but it is highly encouraged because:

- CPD participants must complete four CAPE-relevant activities annually
- CAPE-aligned activities have high educational value
- CAPE contributes to safer, more equitable medical care

11.8 Provider responsibilities for CAPE related activities

Providers offering CAPE-aligned activities must:

- Ensure content is accurate, respectful and culturally safe
- Avoid reinforcing stereotypes or biases
- Ensure facilitators are appropriately skilled
- Provide context that reflects real clinical scenarios

- Maintain fidelity to cultural and ethical principles
- Seek indigenous advisory input for culturally sensitive topics, where appropriate

Failure to meet these expectations may affect recognition or lead to additional review requirements.

SECTION 12.0

Continuous improvement & provider support

High-quality CPD is sustained through an ongoing commitment to continuous improvement, reflective practice and collaboration between the RACP and external providers.

This section outlines the support available to providers and the expectations for quality enhancement over the lifecycle of recognised activities.

12.1 Quality improvement expectations

Recognised activities represent a commitment to delivering meaningful, relevant and safe learning experiences for specialist.

Providers are encouraged to:

- Regularly review learning materials for accuracy and relevance
- Incorporate participant feedback to improve future delivery
- Update content to reflect changes in evidence, standards or regulations
- Strengthen cape elements where possible
- Ensure facilitators remain current in their subject areas
- Evaluate educational outcomes and impact

Continuous improvement is not only a best practice principle, but it also contributes directly to more effective CPD across the profession.

12.2 Provider feedback loops

The RACP supports quality improvement by establishing ongoing channels for communication.

Providers may:

- Seek clarification or advice prior to making substantial updates
- Contact the racp for guidance on minimum activity standards or cape alignment
- Request feedback following an activity review
- Raise questions about evidence requirements or category allocation

The RACP may also:

- Share insights based on audit findings
- Notify providers of emerging trends in participant feedback

- Identify opportunities to enhance the clarity or impact of an activity
- Invite providers to participate in improvement-focused discussions

These feedback loops strengthen both the provider experience and the overall CPD ecosystem.

12.3 Issues reporting and escalation

Providers should contact the RACP promptly if:

- A recognised activity has been delivered incorrectly or deviated from the approved format
- There is a significant error or outdated information in the content
- A participant raises a serious concern (e.g., cultural safety, professionalism, ethical issues)
- Technical or delivery issues may impact participant experience or evidence collection

The RACP maintains a structured escalation pathway to manage concerns involving:

- Cultural safety
- Equity
- Clinical risk
- Ethical standards

When concerns arise, the RACP will work collaboratively with providers to identify and implement solutions, except in cases requiring urgent action to ensure participant or patient safety.

12.4 Annual review and renewal process

The RACP periodically reviews recognised activities to ensure they continue to meet Minimum Activity Standards, CAPE principles and regulatory expectations.

Annual reviews may include:

- Confirmation of ongoing relevance
- Updates or clarifications from providers
- Review of participant feedback trends
- Sampling or verification of evidence requirements
- Identification of emerging risks

Activities may require updates as part of the annual review, particularly when:

- Guidelines or clinical standards have changed
- Legislation or regulatory changes
- Equity or cultural safety frameworks have been updated
- Cape expectations evolve
- New learning opportunities become available

Providers will be given reasonable notice of any required changes.

12.5 Revalidation and continuous monitoring

Activities that remain recognised beyond their initial approval period must undergo a formal revalidation.

Revalidation ensures:

- Content remains current
- Learning outcomes reflect contemporary practice
- CPD category allocation remains accurate
- Evidence requirements continue to align with audit standards
- CAPE claims remain valid

The RACP may request updated materials or clarifications as part of this process.

Activities that do not meet revalidation requirements may be withdrawn or suspended until they meet the requirements.

12.6 Supporting providers in meeting Minimum Activity Standards

The RACP offers a range of support mechanisms to help providers design and deliver high-quality CPD:

- **Guidance documents**
Includes MAS summaries, CAPE guides and category assignment guidance.
- **Templates and tools**
Including application forms, sample evidence templates and outcome statements.
- **Educational design advice**
Assistance in aligning outcomes, content and evidence.
- **Dedicated provider support contacts**
Direct access to assistance for questions on design, submission or recognition.
- **Web-based resources**
Provider activity examples and explanatory guides.

Providers are encouraged to engage with these resources early in the design process.

12.7 Co-design opportunities

While not required, the RACP welcomes opportunities to collaborate with external providers on:

- Pilot testing new activity formats
- Strengthening cultural safety or health equity components
- Developing emerging content areas
- Evaluating participant impact and outcomes

Such partnerships will be considered where they support innovation and enhance the CPD landscape for specialists across Australia and Aotearoa New Zealand.

12.8 Summary of provider responsibilities for continuous improvement

To maintain recognition status and contribute to a robust CPD environment, providers must:

- Deliver activities as approved
- Uphold cultural safety, ethical practice and professionalism
- Update content proactively to ensure relevance and currency
- Respond to concerns or feedback promptly
- Participate in review or revalidation processes
- Maintain accurate records relevant to audit and QA processes

This shared responsibility supports a consistent, high-quality CPD experience for all participants.

SECTION 13.0

Provider Toolkit

This section provides all required and optional templates, forms, and support tools that external education providers must use, or may choose to use, to meet the RACP CPD Recognition & Assessment Framework requirements.

Access to the Provider Toolkit, which includes these templates, forms and support tools, is made available to providers once they have successfully become a recognised provider.

These tools ensure:

- Consistency in applications
- Transparent classification of CPD activities
- Clear evidence expectations for participants
- Reliable quality assurance
- Robust support for Minimum Activity Standards (MAS) and CAPE alignment

Each template is provided in a fillable, provider-friendly format.

13.1 Overview of provider templates & tools

The following templates are included:

Tool	Mandatory?	Purpose
CPD Activity Recognition Application Form	Yes / Required	For submitting activities for RACP evaluation and recognition

Learning Outcomes Development Guide	Yes / Required for quality learning design	Supports MAS-compliant, measurable outcomes.
Minimum Activity Standards Checklist	Yes / Required	Confirms alignment to RACP standards
CAPE Alignment Matrix	Yes / Required where CAPE claims apply	Guides correct tagging and alignment.
Recognised Activity Table Template	Yes / Required	Shared with participants once activity is approved.
Evidence Requirements Guide	Yes / Required	Defines participant audit evidence requirements.
Participant Certificate Template	Yes / Required	Provides verifiable evidence for CPD audits.
Post-Activity Provider Reporting Template	Optional but recommended	Supports continuous improvement and RACP monitoring.
Annual Review & Revalidation Questionnaire	Yes / Required annually	Evaluates ongoing compliance for continued recognition.
Provider Self-Audit Tool	Optional but recommended	Enables internal quality assurance and risk management.

Tool 1. Activity recognition application form

A complete form for activity application, including:

- Provider details
- CPD activity classification (EA/RP/MO)
- Learning outcomes
- CAPE domain claims
- MAS compliance statements
- Evidence requirements
- Risk, quality, and delivery information

Mandatory for all initial activity submissions.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 2. Learning outcomes development guide

This guide helps providers formulate 3-6 measurable learning outcomes that align with:

- Educational Design
- CPD category intent (EA, RP, MO)

- CAPE domains (where applicable)

It includes:

- A four-step writing method
- Verbs grouped by category (bloom-aligned)
- Examples of outcomes for EA, RP, and MO activities
- A quality check checklist

Mandatory for all recognised activities.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 3. Minimum Activity Standards (MAS) Checklist

This checklist must be completed by providers before submission, confirming that the activity meets all mandatory MAS components:

1. Relevance
2. Educational Value
3. Quality & Evidence Base
4. Educational Design
5. Application & Implementation

Providers must tick:

- Fully Met
- Partially Met
- Not Met

Full compliance with each MAS component is required for recognition.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 4. CAPE alignment matrix

This matrix establishes:

- Definitions for each CAPE domain
- Indicators of Direct vs Partial alignment
- Classification rules
- Thresholds for applying CAPE tags (C, A, P, E)
- Examples of activities correctly aligned

Providers use the matrix to ensure accuracy before claiming CAPE contribution.

Required for all activities with CAPE claims.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 5 - Recognised activity table template

This is the template used to publish recognised activities in:

- Provider materials
- RACP participant-facing resources
- The Recognised Activity Catalogue

It includes fields for:

- Classification (EA/RP/MO)
- Learning outcomes
- CAPE tags
- Evidence requirements
- Delivery details
- Version control
- Internal RACP determination fields

Mandatory for all recognised activities; providers must maintain an updated version.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 6. Evidence requirements guide

This guide clarifies for providers:

- What types of evidence participants must retain for audit
- Examples of acceptable evidence for EA, RP, MO
- requirements for participant-facing evidence instructions
- Evidence pitfalls to avoid
- Compliance expectations

Mandatory for all recognised activities.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 7. Participant certificate template

This template must be issued upon activity completion and includes:

- Participant name

- Activity details
- CPD hours classified by EA/RP/MO
- CAPE tags (if applicable)
- Verification details
- Authorised provider signature

Participants must retain this certificate for audit.

Mandatory for all recognised activities.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 8. Post-activity provider reporting template

This template is a quality assurance tool.

The tool helps the RACP monitor quality, participant experience, CAPE alignment, and compliance with Minimum Activity Standards.

It includes fields for:

- Provider and activity identification
- Activity delivery summary
- Variations from the recognised activity (if any)
- Participant outcomes and feedback
- CAPE domain reporting (if applicable)
- Quality assurance and Minimum Activity Standard reflections
- Evidence requirements check
- Support, issues or requests to the RACP

Providers can use this template after each session or part of an annual submission

Completing this template is optional but recommended.

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 9. Annual review & revalidation questionnaire

Required annually for all recognised activities.

Evaluates:

- Fidelity to approved design
- MAS and CAPE alignment
- Evidence requirements

- Risk indicators
- Major changes or delivery issues

Allows RACP to make one of three decisions:

- Recognition renewed
- Recognition renewed with conditions
- Recognition withdrawn

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

Tool 10. Provider self-audit tool

This tool supports internal review of:

- MAS compliance
- EA/RP/MO classification integrity
- CAPE alignment accuracy
- Delivery fidelity
- Evidence issuance
- Risks and improvement planning

RACP may request completion during:

- Targeted reviews
- Recognition extensions
- High-risk activity monitoring

Please note: access is provided to organisations once they have successfully achieved recognised provider status.

13.2 How providers should use these tools

Tool	Used at	Purpose
Activity recognition form	Before recognition	Formal application
Learning outcomes guide	During design	Improve educational rigor
MAS checklist	During design	Ensure minimum standards
CAPE matrix	During design	Ensure correct CAPE tagging
Recognised activity table	After approval	Publish activity details

Evidence guide	Before delivery	Clarify evidence for participants
Participant certificate	After delivery	Provide audit evidence
Post-activity report	Optional (after sessions)	Support quality improvement
Annual questionnaire	End of each year	Revalidation
Self-audit tool	Any time	Internal QA & risk management

13.3 Document control

This section forms part of the RACP Provider Handbook and is updated as needed in line with:

- Changes to CPD policies
- Minimum Activity Standard updates
- CAPE domain refinements
- Audit requirements
- Recognition criteria

Providers will be notified of updates and issued revised versions.

SECTION 14.0

RACP determination (office use only)

This section outlines the internal RACP assessment and determination processes that occur after a provider submits an activity for recognition.

While this section appears in the Handbook for transparency, it is not completed by providers. It is used solely by authorised RACP staff, assessors and reviewers.

The purpose of this internal determination process is to ensure consistency, transparency, and auditability across all recognition decisions and to maintain alignment with the Minimum Activity Standards (MAS), CAPE requirements, regulatory expectations and internal governance procedures.

14.1 Internal assessment workflow

Following application, each activity undergoes an internal review process comprising the following steps:

1. Initial completeness check
 - Confirm all mandatory fields and documents are provided.
 - Confirm the correct version of the application form is used.
 - Verify the provider is eligible to submit.

2. Technical assessment against MAS

- Evaluate alignment with the five Mandatory MAS:
 1. Relevance to Specialist Practice
 2. Educational Value and Learning Outcomes
 3. Quality and Evidence Base
 4. Educational Design and CPD Category Alignment
 5. Application to Practice and Ongoing Quality Assurance
- Confirm EA/RP/MO classification accuracy.
- Assess whether evidence requirements are feasible and audit ready.

3. CAPE alignment review (where applicable)

- Determine whether the provider's CAPE claims are valid.
- Assign CAPE tags (Direct, Partial or No Alignment).
- Flag activities requiring cultural safety expert review.

4. Risk assessment

- Identify any risk triggers (clinical, cultural, ethical, equity, facilitation, promotional).
- Determine appropriate review pathway (standard vs escalated review).

5. Final recommendation

- Standard approvals proceed to RACP determination.
- Escalated submissions may require additional documentation, expert consultation, or modifications from the provider.

14.2 Determination panel requirements

Activity determinations may be made by:

- Delegated RACP CPD officer (for low-risk, standard-alignment submissions)
- RACP CPD Recognition Assessment Panel (for escalated, CAPE-sensitive or higher-risk activities)
- Subject matter expert (SME) or cultural safety reviewer (as required)

All determinations must be:

- Documented
- Evidence-based
- Traceable
- Consistent with the decision rules defined in the MAS Rulebook

14.3 Determination record (office use only)

This table is completed internally and not provided to external providers.

Field	Internal Use Only		
Application ID	<input type="checkbox"/>		
Provider name	<input type="checkbox"/>		
Activity title	<input type="checkbox"/>		
Version reviewed	<input type="checkbox"/>		
Date received	<input type="checkbox"/>		
Reviewer(s)	<input type="checkbox"/>		
Risk level	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
CPD category	<input type="checkbox"/> EA	<input type="checkbox"/> RP	<input type="checkbox"/> MO
CAPE alignment	<input type="checkbox"/> Direct	<input type="checkbox"/> Partial	<input type="checkbox"/> None
MAS compliance	<input type="checkbox"/> Met	<input type="checkbox"/> Partial	<input type="checkbox"/> Not Met
Additional SME review required	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Cultural Safety review required	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Required amendments (if any)	<input type="checkbox"/> Text field		
Determination outcome	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Declined
Approval valid until	<input type="checkbox"/> (insert date)		
Notes for provider	<input type="checkbox"/> Text field		
Notes for internal records	<input type="checkbox"/> Text field		
Determination signed by	<input type="checkbox"/> Text field		
Date of determination	<input type="checkbox"/> Tex field		

14.4 Determination outcomes

There are three possible outcomes:

1. Approved

The activity meets all recognition requirements and may be added to the Recognised Activity Catalogue.

2. Approved with conditions

Minor modifications or clarifications are required before publication.

Conditions may relate to:

- Evidence requirements
- CPD category allocation
- CAPE claims or tag assignment
- Clarity of learning outcomes
- Terminology or formatting updates

Conditions must be resolved and activities resubmitted for assessment prior to public release or renewal.

3. Declined

The activity does not meet the Minimum Activity Standards or is unsuitable for recognition.

Reasons may include:

- Insufficient learning outcomes
- Inadequate evidence requirements
- Content misaligned with CPD EA/RP/MO definitions
- Inappropriate CAPE claims or cultural safety concerns
- Clinical, ethical or professional risk concerns

Declined activities may be resubmitted for assessment after the concerns that have been identified have been resolved.

14.5 Recognition period and version control

A standard recognition period applies:

- ~24-36 months validity, unless withdrawn or modified earlier
- Revalidation required for continued recognition beyond the validity period
- New activity versions must be submitted when:
 - Learning outcomes change
 - Duration changes significantly
 - Content is materially updated
 - CAPE alignment claims are modified

The RACP maintains a full version history for audit and transparency purposes.

14.6 Suspension, withdrawal or reconsideration

The RACP reserves the right to:

- Suspend an activity temporarily (e.g., cultural safety concern, clinical inaccuracy)
- Withdraw recognition (persistent non-compliance or unresolved risk)
- Request reconsideration (minor issues requiring clarification)

Providers will be notified in writing, along with next steps and, where appropriate, instructions for remediation.

14.7 Recordkeeping requirements (office use only)

Internal teams must retain:

- Application forms
- Assessment notes
- SME or cultural safety reviewer feedback
- Determination documentation
- Correspondence with providers
- Evidence of compliance with MAS decision rules

Retention must comply with [RACP privacy policy obligations](#) and internal records management standards.

14.8 Transparency to providers

Although this section is for internal use, providers benefit from:

- Clarity on how activities are evaluated
- Understanding how outcomes are determined
- Greater predictability and fairness
- Increased trust in recognition decisions

This transparency supports collaborative engagement between the RACP and external providers.

More information

If you have questions about the Provider Handbook or require further clarification, please email cpdproviderprogram@racp.edu.au

APPENDIX

CAPE Recognition Key Matrix Criteria

For activities classified as Provisionally Recognised, CAPE contribution is recognised only where the activity explicitly includes one or more of the criteria below.

General or incidental reference to a CAPE theme is not sufficient.

Cultural Safety

Recognised where the activity explicitly includes:

- examines the impacts of colonisation, racism, intergenerational trauma, and lack of self-determination on the health experiences and outcomes of Aboriginal and Torres Strait Islander peoples and Māori
- examines the relationship between race, power, and racism as determinants of health
- facilitates truth-telling, critical reflection, or decolonising practice to address culturally unsafe systems or behaviours
- requires reflection on the practitioner's own cultural identity, assumptions, power, bias, privilege, prejudice, or practice
- develops or applies culturally safe communication, collaboration, or power-sharing practices with patients and communities
- develops or applies cultural safety principles in clinical, professional, organisational, or system practice
- applies Indigenous knowledge systems, Indigenous models of health, Hauora Māori, strength-based approaches, or approaches that support self-determination, Indigenous governance, leadership, or partnership
- develops, implements, reviews, or evaluates standards, policies, programs, or practices intended to strengthen culturally safe care
- analyses barriers and enablers affecting culturally safe care or culturally safe systems, including actions to address these
- identifies changes required in workplaces or systems to address culturally unsafe or oppressive practices

Addressing Health Inequities

Recognised where the activity explicitly includes:

- examines how colonisation and its ongoing impacts contribute to health inequities for Aboriginal and Torres Strait Islander peoples and Māori
- identifies or applies strategies to address the effects of colonial health systems and practices
- identifies practice-level, organisational, or system-level barriers contributing to health inequities
- identifies systemic racism in education, workplaces, policies, or institutions, and applies anti-racist strategies or measures
- analyses inequities in access, treatment, experience, or outcomes between population groups
- uses data, evidence, or measurable indicators to identify inequitable patterns of care or health outcomes
- evaluates, implements, or applies equity-informed guidelines, frameworks, or action plans
- develops, applies, or evaluates strategies intended to improve access, reduce disparities, or improve health equity outcomes

Professionalism

Recognised where the activity explicitly includes:

- examines professional conduct, standards, responsibilities, or accountability in practice
- requires reflection on professional behaviour, judgement, or decision-making
- evaluates performance against professional standards, expectations, or scope of practice
- provides or incorporates structured feedback on professional conduct, communication, or workplace behaviour
- develops or applies professional responsibilities in relation to teamwork, supervision, mentoring, leadership, or role modelling
- addresses professional boundaries, integrity, reliability, or respectful practice
- reviews professional responsibilities in relation to patients, colleagues, trainees, organisations, or the profession
- develops, applies, or evaluates strategies to improve professional behaviour, accountability, or standards in practice

Ethical Practice

Recognised where the activity explicitly includes:

- examines ethical decision-making in clinical, professional, organisational, or research practice
- addresses ethical responsibilities in relation to consent, confidentiality, conflicts of interest, or professional obligations
- applies ethical principles or frameworks to clinical cases, organisational issues, or professional practice
- analyses risk-benefit decisions, uncertainty, or competing obligations in patient care or health service delivery
- evaluates ethical issues arising in governance, policy, quality, safety, or research activities
- requires reflection on ethical judgement, accountability, or responsibility in practice
- develops, applies, or evaluates strategies to improve ethical practice, ethical oversight, or ethical decision-making
- reviews systems, policies, or practices to identify and address ethical risks or concerns

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