RACGP CPD

Continuing Professional Development (CPD) Program **Provider handbook**

2026—28

Continuing Professional Development (CPD) Program: Provider handbook 2026–28 triennium

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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***The Continuing Professional Development (CPD) Program: Provider handbook* is subject to regular review, with any changes made available on the RACGP website. For more information visit www.racgp.org.au/education/professional-development/cpd Providers are responsible for ensuring they are familiar with the content of this handbook as presently structured.**

Introduction

The Royal Australian College of General Practitioners (RACGP) Continuing Professional Development (CPD) Program supports Australian general practitioners (GPs) to maintain and improve their professional knowledge and skills in order to provide the best possible care for patients and their communities.

The Medical Board of Australia (MBA) defines CPD as:

> The means by which health practitioners maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

The RACGP acknowledges the important role that CPD providers have in the provision of high-quality CPD activities. This provider handbook has been developed to support the planning, design and development of CPD activities for the RACGP CPD Program. The handbook (including the appendices) forms an annexure to the CPD Provider Agreement, and comprehension of the contents of this handbook is required in conjunction with acceptance of the Provider Agreement.

Overview of the CPD Program

Continuing professional development (CPD)

Participating regularly in CPD is a requirement of the MBA and applies to all registered GPs including those taking a leave of absence from clinical practice. For more information visit www.medicalboard.gov.au/Registration-Standards.aspx

GPs requiring practice accreditation and GPs seeking visiting medical officer credentials with local hospitals, particularly in rural areas, are also required to participate in regular CPD.

Some GPs have specific requirements with other colleges or third-party organisations for topics such as women's health, general practice anaesthesia, general practice surgery, diagnostic radiology, mental health and medical acupuncture. These GPs are required to undertake mandatory or recommended CPD specific to that topic to maintain their relevant skills. This is part of, not in addition to, the overall CPD requirements applicable to all registered medical practitioners who are engaged in any form of medical practice under MBA or Australian Health Practitioner Regulation Agency (AHPRA) standards.

The RACGP CPD Program

The RACGP CPD Program is integral to the profession of general practice, supporting the clinical and professional development of GPs that leads to improved patient outcomes and high-quality primary healthcare in Australia. The RACGP works closely with providers to develop an environment of high-quality activities and acknowledges the important service provided to GPs through this collaborative relationship.

MBA CPD requirements

As per the 2023 MBA CPD Registration Standard, registered medical practitioners (unless exempt) are required to complete the following CPD requirements:

1. have a **CPD home**
2. complete a **Professional Development Plan (PDP)** annually
3. record **50 hours of CPD annually**, which includes:
    a. **25 hours reviewing performance (RP) and measuring outcomes (MO)**, with five hours minimum of each type. RP are activities that require reflection on feedback about your work, and MO are activities that use your work data to ensure high-quality results
    b. **12.5 hours traditional learning or educational activities (EA)** – for example, reading, lectures, podcasts, webinars, conferences. EA are activities that expand your general practice knowledge, skills and attitudes related to your scope of practice
    c. **12.5 hours free choice of activities** – allocate these CPD hours as you wish across one, two or all three activity types
    (A CPD activity can cover a combination of two or more of these activity types. This is referred to as a hybrid activity.)
4. complete CPD activities related to the **program-level requirements (PLRs)** annually: culturally safe practice, health inequities and professionalism and ethical practice
5. for specialist GPs, complete a CPR course once each triennium – for example, once in the 2026–28 triennium
6. retain records of your annual CPD activity for audit by your CPD home and the MBA for three years after the end of each one-year cycle.

Refer to Table 1. For more information visit www.medicalboard.gov.au/Professional-Performance-Framework.aspx

The 2026–28 triennium commences 1 January 2026 and concludes 31 December 2028.

Table 1. Minimum requirements by CPD activity type and hours

CPD activity type	Hours (minimum)
Reviewing performance	5
Measuring outcomes	5
Reviewing performance and/or measuring outcomes	15
Educational activities (knowledge and skills)	12.5
Any activity type	12.5
TOTAL	**50**

CPD activities linked to government initiatives or funding

General Practice Mental Health Standards Collaboration

The General Practice Mental Health Standards Collaboration (GPMHSC) is a multidisciplinary body managed by the RACGP. It is funded by the Australian Government under the Better Access to Psychiatrists, Psychologists and General Practitioners (Better Access) initiative in the Medicare Benefits Schedule (MBS).

The GPMHSC is responsible for setting the standards for, and accrediting, general practice mental health training and education. The provider should consider GPMHSC accreditation if activities are related to mental health and general practice.

The GPMHSC accredits the following activities:

- Mental Health Skills Training
- Focussed Psychological Strategies Skills Training
- Mental Health CPD
- Focussed Psychological Strategies CPD

All relevant CPD activities must have RACGP approval prior to submission to the GPMHSC.

For more information visit gpmhsc.org.au/InfoSection/Index/0c148ada-8c22-41f1-93b4-d6c5c7b19c00#

Rural Procedural Grants Program

The Rural Procedural Grants Program provides financial assistance to rural procedural and emergency medicine GPs who provide hospital-based services in rural and remote areas. The program is funded by the Australian Government Department of Health, Disability and Ageing.

Support is provided in the form of grant payments to assist GPs with the cost of attending training, including course costs, locum relief and travel expenses calculated on the number of training days.

The program is available to rural GPs who practice in and hold unsupervised clinical privileges in anaesthetics, obstetrics, surgery or emergency medicine.

If training meets the criteria for the grant, providers may advertise this on marketing material and have their training listed on the RACGP website as grant approved. Guidelines for the Rural Procedural Grants Program are regularly up for review, and future changes to eligibility by the Department of Health are always possible.

Note that Rural Procedural Grants Program criteria differ from CPD Program criteria.

Visit www.health.gov.au/our-work/rpgp?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation for more information, including updates to criteria.

Becoming an RACGP CPD provider

CPD providers with the RACGP CPD Program are recognised for the high-quality activities and training they offer GPs to help them meet their annual CPD requirements.

New providers

Applicants are required to complete the new CPD provider application form to answer a number of questions and evidence their ability to meet the CPD Standards (Appendix 1).

The new CPD provider application form is reviewed by the RACGP, and applicants will receive notification of an outcome within 7–14 working days of submitting the form. If successful, the applicant will be invited to enter into a CPD provider agreement.

Providers must nominate a CPD representative who will be required to undertake training provided by the RACGP.

All new providers will be subject to a quality assurance assessment (QAA) within 12 months (refer to Appendix 9).

Provider eligibility criteria

To be eligible as an RACGP CPD provider, your organisation must meet the following requirements.

Compliance with standards and guidelines

- [ ] It must comply with the RACGP CPD Standards and the RACGP *Continuing Professional Development (CPD) Program: Provider handbook*.

Alignment with regulatory and professional guidelines

- [ ] Its educational offerings must comply with relevant government regulations and be consistent with RACGP position statements. This includes, but is not limited to, topics such as medicinal cannabis, cosmetic surgery, and artificial intelligence in primary care.

Contractual obligations

- [ ] It must have an executed CPD Provider Agreement with the RACGP.

Conflict of interest

- [ ] No conflict of interest must exist in the performance of its obligations under the CPD Provider Agreement with the RACGP.

Review of emerging topics

- [ ] Any CPD activities covering new or evolving areas of medicine must be reviewed by RACGP subject matter expert/s. RACGP will, at its sole discretion, determine whether the CPD activity covers new or evolving areas of medicine. The organisation will incur the cost of this review at the current RACGP hourly rate.

Educational integrity

☐ Its CPD activities must not promote specific goods, services, medical devices or pharmaceutical products.

Curriculum alignment

☐ Its CPD activities must be mapped to the 'RACGP Curriculum and Syllabus for Australian general practice' as updated from time to time.

Promotion and accessibility

☐ It must clearly advertise its educational offerings to specialist GPs and provide direct access to registration of the same.

Educational capability

☐ It must employ suitably qualified educational staff that will develop and deliver CPD activities in accordance with the RACGP CPD Standards.

Experience requirement

☐ It must have a minimum of six months' experience in delivering education to GPs in Australia.

Sponsorship and partnership compliance

☐ It must comply with the partnership and sponsorship requirements for CPD activities as outlined in the RACGP *Continuing Professional Development (CPD) Program: Provider handbook*.

CPD provider annual fees and value proposition

Fee

All providers will incur an annual fee covering costs associated with engagement for the year commencing 1 January 2026.This includes:

- attendance at CPD representative training (including update workshops or webinars)
- access to a provider dashboard
- access to RACGP-approved advertising materials
- inclusion in RACGP's advertising of activities.

The fee is based on the provider's annual activity from 2025.

Providers exempt from annual fees are those only delivering cultural awareness and/or cultural safety training.

The first fee for the new triennium is issued upon acceptance of the Provider Agreement. A renewal fee is issued for every subsequent year of the triennium.

Access to the provider dashboard is activated upon payment of the fee and appointment of a qualified CPD representative within the organisation.

Refer to Table 2.

Value proposition

RACGP: A trusted CPD home

In 2024, the RACGP became a fully accredited Australian Medical Council-approved CPD home, for the maximum term, with all conditions required of a CPD home met. This tick of approval offers members and CPD providers alike peace of mind that RACGP's CPD home is one you can trust, representing professional excellence and member value.

RACGP continues to sustain very strong levels of member retention, year on year, and members are reporting high satisfaction levels with RACGP's CPD home, in the support they receive, and the quality of activities available in the RACGP's CPD home.

CPD home that fosters quality and continuous improvement

During the 2023–25 triennium RACGP has invested heavily in the provision of guidance and support for CPD providers. Early in the triennium this advice focused on apportioning CPD hours to activity types and managing the end-of-year processes. As the triennium progressed, the RACGP promoted ways that providers can respond to emerging needs and preferences of GPs, through initiatives such as:

- providing feedback on learning outcomes, session plans, engaging educational formats and design, and checking that activities have published session dates so they are discoverable in the RACGP myCPD Browse webpage
- showcasing ways to design hybrid activities (that have EA, RP and MO hours) with elements that GPs can take back to practice
- promoting micro-credentialling, so that longer activities/courses can attract learners by being able to undertake smaller segments.

The RACGP continues to invest in IT infrastructure and capabilities. The myCPD app has been downloaded by over 90% of members and is used by 700 GPs on any given day. In the upcoming triennium, new personalisation features in myCPD will make it easier for members to browse CPD-approved activities and receive activity recommendations based on their interests, scope of practice, career stage, location, activity preferences and search history.

Members are choosing CPD approved activities

GPs are lifelong learners. In 2024, on average RACGP members completed 73 hours of CPD, well above the minimum requirement of 50 hours. We've seen members return to face-to-face in very high attendance levels at conferences, seminars and workshops, and those who offer hybrid activities (combination of EA, RP and/or MO) are consistently performing well.

In the current CPD landscape, doctors have freedom to decide how to do their CPD. The RACGP has seen a significant increase in the number of members turning to RACGP CPD-approved activities, demonstrating the value that RACGP members place on approved CPD.

This is a testament to the hard work of RACGP's provider network in adapting to the needs and learning preferences of busy GPs. It shows that as a provider network, the RACGP's collective of CPD approved activities are hitting the mark.

Table 2. CPD provider annual fees and value proposition

2026 Provider level*	**Annual fee** (subject to yearly CPI and excluding GST)	**Annual CPD activities of any type** (educational activities [knowledge & skills], reviewing performance and measuring outcomes)	**Previous annual GP attendance uploads**	**Value proposition**
Entry level or new Provider	Total: $1995	NA	NA	• Two CPD representative training places annually • Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo • Access to RACGP's 50,000 members and promotion of your activities via myCPD dashboard • Expert advice and personalised support to develop high-quality CPD activities as per Medical Board of Australia (MBA) requirements • Dedicated relationship with locally based CPD Program Coordinator and Officer • CPD representative update/s • CPD representative networking forum/s • Access to RACGP CPD resources and materials • Provider promotional listing on the RACGP myCPD Browse webpage

2026 Provider level*	**Annual fee** (subject to yearly CPI and excluding GST)	**Annual CPD activities of any type** (educational activities [knowledge & skills], reviewing performance and measuring outcomes)	**Previous annual GP attendance uploads**	**Value proposition**
Level 1	$1995	1–10	1–500	• Two CPD representative training places annually • 1–10 activities of any type • Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo • Access to RACGP's 50,000 members and promotion of your activities via myCPD dashboard • Expert advice and personalised support to develop high-quality CPD activities as per MBA requirements • Dedicated relationship with locally based CPD Program Coordinator and Officer • CPD representative update/s • CPD representative networking forum/s • Access to RACGP CPD resources and materials • Provider promotional listing on the RACGP CPD Browse webpage
Level 2	$ 3995	1–20	501 to <4000	• Four CPD representative training places annually • 1–20 activities of any type • Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo • Access to RACGP's 50,000 members and promotion of your activities via myCPD dashboard • Expert advice and personalised support to develop high-quality CPD activities as per MBA requirements • Dedicated relationship with locally based CPD Program Coordinator and Officer • CPD representative update/s • CPD representative networking forum/s • Access to RACGP CPD resources and materials • Provider promotional listing on the RACGP CPD Browse webpage

*Provider levels are reviewed annually depending on activity numbers and GP attendance uploads.
†Multi-year payment option is also available. Additional CPD representative training incurs a $650 (+GST) fee.

Use of CPD Program logos and advertising

Use of CPD Program logos

Following activity approval, a provider can advertise approved activities and represent its organisation as a CPD provider using the following logos and prescribed wording, where appropriate.

The RACGP CPD provider and activity logos continue to represent high-quality activities that meet the RACGP CPD Standards and is preferred by RACGP members.

When using this logo, GPs recognise the CPD provider is part of the RACGP's CPD provider network.

The provider can represent itself as a CPD provider using the following prescribed words:

'This organisation is an RACGP-accredited CPD provider under the RACGP CPD Program'

When using this logo, GPs recognise that the CPD activity has been approved by the RACGP's CPD Program.

The provider can advertise activities by using the following prescribed words:

'This is an RACGP-approved CPD activity under the RACGP CPD Program'

Editable logos

Providers can edit the following logos to indicate the number of hours an activity will take to complete. Logos also display the different CPD activity types.



When using this logo, GPs can recognise the activity has been approved under the educational activities (EA) CPD activity type.



When using this logo, GPs can recognise the activity has been approved under the reviewing performance (RP) CPD activity type.



When using this logo, GPs can recognise the activity has been approved under the measuring outcomes (MO) CPD activity type.



Finally, when using this logo, GPs can recognise the activity has been approved for a combination of CPD activity types.

Advertising CPD activities

Providers are granted permission to advertise using the RACGP CPD logos and prescribed wording in accordance with the following terms and conditions:

- Providers must not use the RACGP CPD Provider logo without having a current CPD-approved activity.
- Providers must not use the RACGP CPD logo/strapline to advertise an RACGP CPD activity that is not approved by the RACGP CPD Program.
- Providers can include the RACGP CPD logo or strapline on a statement of attendance or completion following completion of a CPD activity.

RACGP CPD Activity Standards

The RACGP CPD Activity Standards (Activity Standards) inform the development of CPD activities for the RACGP CPD home under the MBA's Professional Performance Framework. Activity Standards for assessing CPD activities have been developed using evidence-based best practice education. Activity Standards represent key components of high-quality educational design, implementation and evaluation.

These standards can be used by individuals and organisations developing CPD activities to meet the RACGP CPD activity requirements. They also form the basis for adjudication of CPD activities by the RACGP CPD home.

It is important that relevant documentation for development of CPD activities is retained for three years after the end of each one-year cycle as per the MBA CPD Registration Standards for evidence of quality improvement and audit purposes.

The provider must maintain at least one key person to manage administration, operations and interactions with the RACGP. The nominated person will be required to undertake CPD representative training.

CPD providers will also need to meet the RACGP CPD Standards.

Characteristics of CPD activity types

The MBA defines CPD activity types as educational activities (knowledge and skills), reviewing performance and measuring outcomes. RACGP CPD activities use the same categorisation (Table 3).

Table 3. MBA CPD activity types explained

Educational activities (EA)	Activities that expand general practice knowledge, skills and attitudes related to a GP's scope of practice. These activities will be very familiar to GPs and include learning opportunities such as lectures, webinars, workshops, reading, podcasts and courses.
Reviewing performance (RP)	Activities that require reflection on feedback about a GP's work. Feedback might be from patients, peers or even from themselves. In each of these situations, they'll receive information about their performance that can either validate what they already do or identify areas for improvement. Meaningful reflection on this information is where the learning occurs and can result in improved capability in their scope of practice.
Measuring outcomes (MO)	Activities that use a GP's work data to ensure high-quality results. When measuring outcomes, GPs will use data from their work to show they are aware of current evidence and best practice in a particular area. They can achieve this by conducting activities such as research, audits and evaluations. This type of learning can help GPs achieve high-quality performance in their scope of practice.

To explore a comprehensive list of activities and their activity type, visit www.medicalboard.gov.au/Professional-Performance-Framework/CPD/Professional-Development-Plans.aspx

CPD program-level requirements

The MBA Registration Standard: Continuing professional development requires all registered medical practitioners to engage in at least one CPD activities relevant to each of the following:

- culturally safe practice
- health inequities
- professionalism and ethical practice.

These are not additional to, but part of, registered medical practitioners' annual 50 hours of CPD.

Please note that there is no designated time requirement for any activity and GPs are encouraged to choose activities that are relevant to their scope of practice. It is up to the provider to determine whether their CPD activity meets any of the program level requirements. For more information refer to Program-level requirements: A guide for Providers.

The CPD Activity Standards

There are four CPD Activity Standards (Figure 1) representing key components of high-quality educational design, implementation and evaluation.

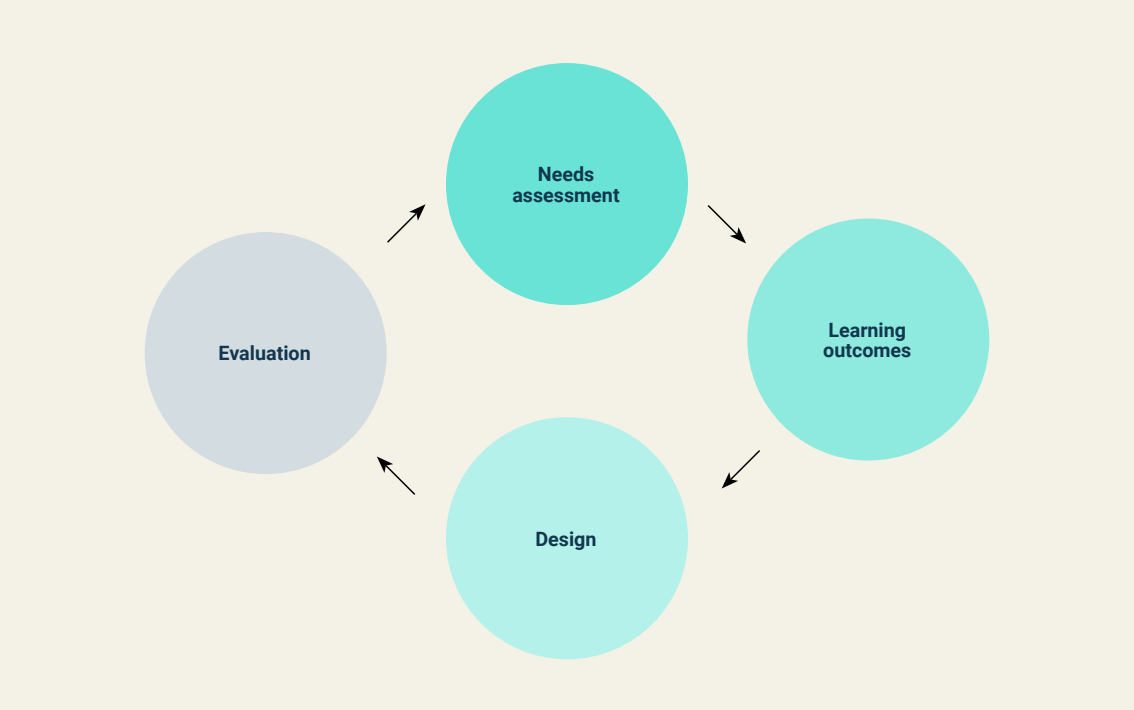


Figure 1. Four CPD Activity Standards

When developing CPD approved activities, providers are encouraged to use the criteria outlined in the CPD Activity Standards to innovate and create high-quality education that meets the current and emerging needs of GPs.

Mandatory requirements for all activities

When developing and delivering RACGP CPD approved activities, requirements include:

- a GP on the planning committee
- alignment with the current RACGP curriculum and syllabus for Australian general practice
- a needs assessment (Appendix 3)
- learning outcomes (Appendix 4)
- a CPD activity session plan relevant to the application, specifying the MBA CPD type addressed in the activity. Note that the CPD representative dashboard accepts a minimum increment of 30 minutes per CPD type
- an evaluation form (Appendix 7)
- a record of attendance
- a statement of attendance or completion (Appendix 8).

If the activity submitted does not comply with the CPD Activity Standards, the RACGP CPD Program Coordinator may request further information. Failure to meet the CPD Activity Standards on the second submission will mean the activity is not approved.

RACGP curriculum and syllabus for general practice

The curriculum and syllabus describe the key competency and learning outcomes of general practice education. They inform the development and delivery of training programs including CPD, and guide learners by suggesting learning modalities and educational resources as they work towards Fellowship. They also serve as a guide to assist with remediation and GPs returning to work after absence. For more information visit www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home

Mapping CPD to the RACGP curriculum and syllabus for Australian general practice

All CPD activities must be mapped to the current RACGP curriculum and syllabus for Australian general practice. There are seven core units, made up of five domains, the Aboriginal and Torres Strait Islander Health unit and the Rural Health unit. There are 35 contextual units that cover, in detail, specific areas of general practice. They are a useful resource for providers. Providers should select only those core and contextual units that are directly reflected in the activity's learning outcomes.

This process involves:

- selecting at least one appropriate core unit/s of general practice
- selecting one or more contextual units where relevant.

The curriculum includes a competency outcomes framework that maps to the core competency outcomes which can be used when developing learning outcomes.

CPD representative training provides information on how the curriculum is used in developing CPD activities.

Activity submission and administration requirements

In addition to the CPD Activity Standards and the conditions described in the Provider Agreement, all providers must meet the administration requirements of the CPD Program.

Activity application and activity number

An activity number will be generated once a draft application is saved on the dashboard by the CPD representative. This activity number uniquely identifies the activity on the RACGP's database and helps to ensure GPs who participate in the activity are allocated the correct CPD type/s and amount of CPD hours. The activity number should be quoted on all correspondence related to the activity, including the statement of attendance/completion.

Sponsorship

Educational material covered within each CPD activity must meet acceptable clinical and ethical standards and not affect, breach, distort or influence the GP–patient relationship.

Partnership

Partnership exists when two or more organisations share in the responsibilities, risks and outcomes of a business arrangement. Working together and sharing information are key components of a partnership, and are determined on a case-by-case basis. If each of the organisations involved in the partnership are RACGP CPD providers, only one of the organisations will submit the activity application as the primary contact.

For RACGP CPD activities, this means that there may be sharing of content development/delivery/review, it may be co-branded as a joint event, and even registration/evaluation data can be shared. Partnership contract differences can be at the level of education input, access to registration details, sharing of administration responsibilities and income/expenses from the activity running. The specifics of a partnership need to be agreed upon and confirmed in writing prior to activities occurring. Partners must be clearly identified in all aspects of the activity promotion and may be acknowledged in the statement of attendance/completion.

Appendix 6: Sponsorship and activity guidelines for RACGP CPD approved activities defines sponsorship and partnership in detail.

Submitting an activity for approval

The CPD representative must submit all new applications at least four weeks prior to the CPD activity being advertised or conducted. The time from submission to approval should not exceed four weeks, but this may vary depending upon the quality of the submission and any subsequent resubmissions.

The activity submission must include a completed CPD representative activity self-adjudication checklist for the first activity or for any activity that includes a CPD type that the CPD representative has not previously had approved.

A CPD representative has an opportunity to resubmit an activity application to address any changes required to meet the CPD Activity Standards as per the adjudication feedback provided by the CPD Program Coordinator. If the CPD Activity Standards are not met on the second submission, the activity will not be approved.

Non-approval of a CPD activity

When an activity application fails to meet the CPD Activity Standards on its second submission, the CPD Program Coordinator informs the CPD representative that the CPD activity application has not been approved. The CPD representative is required to wait for six weeks to resubmit the activity application, ensuring it meets the CPD Activity Standards as per the adjudication feedback provided by the CPD Program Coordinator.

Cardiopulmonary resuscitation (CPR)

The CPR course (HLTAID009 Provide Cardiopulmonary Resuscitation) is the specialist high-level requirement for general practice. Specialist GPs must complete a CPR course once each triennium – for example, once in the 2026–28 triennium. CPR courses must meet:

- the Australian Resuscitation Council's Guidelines
- the RACGP's requirements for CPR and Advanced Life Support courses.

CPR activities must be approved by the RACGP and cannot be self-approved by a provider.

Activity event information

Providers are required to provide session details for all activities submitted to the RACGP for approval. Session information (eg url, venue, date/time) must be provided under the "manage sessions" tab each time a CPD activity application is submitted online.

All activities in the 2026–28 triennium are advertised through the 'Browse' webpage on the GP's myCPD dashboard. Providers have the opportunity to specify GP participation/attendance criteria (eg GPs only, GP participation by invitation only).

.

Statement of attendance or completion for GPs

Providers must give each GP a record of their participation in the activity within **14 days** of the activity's completion. It is important that individual GPs receive a record of their participation in case discrepancies occur regarding their RACGP CPD record.

The statement of attendance or completion must include the:

- GP's name and RACGP member number
- activity ID number
- activity title
- date of the activity or of its completion if over a period of time
- RACGP CPD-approved activity logo or indication of the number of approved CPD type/s (EA, RP or MO) and hours
- whether the activity has been approved for CPD hours in a specific interest area, or is eligible for rural procedural grants
- provider details, including logo.

Refer to Appendix 8: CPD statement of attendance or completion template.

RACGP GP feedback form

The RACGP values GPs' feedback regarding the quality and conduct of approved CPD activities. GPs are encouraged to report any concerns they may have by providing confidential feedback through the GP feedback form. This is available for download under the 'Resources' tab of the CPD provider and CPD representative dashboard (Appendix 10).

Providers must make the GP feedback form available to participants if a GP wishes to report any aspect of the activity directly to the RACGP.

Evaluation of an activity

Following each activity, the provider must distribute an evaluation form to all participants.* The following four questions are mandatory; however, providers can include other questions to assist them with quality improvement of the activity:

Q1 Please rate to what degree the learning outcomes of the program were met (not met, partially met, entirely met).

Q2 Please rate to what degree this CPD activity met your expectation about content; delivery; for live presentations – presenters/facilitators; or for eLearning – learning management systems (not met, partially met, entirely met).

Q3 Would you likely recommend this CPD activity to a colleague? (Yes/No, Why? Free text response box)

Q4 Would you likely change anything in your practice as a result of this CPD activity? (Yes/No, Why? Free text response box)

The provider must retain evidence of an internal evaluation strategy outlining a detailed process for quality review and improvement of the activity for future implementation.

Refer to Appendix 7: Evaluation template for further information and template download.

*Activity statement of attendance/completion as well as the CPD completion hours cannot be withheld if GPs opt not to complete the evaluation form.

Activity report

Information from your evaluation forms part of your formal activity report (Table 4) and ongoing quality assurance assessment process.

The report also gives the provider opportunity to reflect on and record the effectiveness of their activities. Providers can record future recommendations and improvements and make a summative comment regarding the outcome of the activity. This data can be for the provider's use and support ongoing activity quality improvement.

Table 4. Activity report submission

Type of activity	When to submit the activity report
One-off	Within one month of running the activity
Repeated	Quarterly
Continuous (eg eLearning, practice audit, clinical audit, general practice research, provider-led supervised clinical attachment)	Upon completion or, where running over triennium, to be submitted twice yearly

Uploading GP attendance online

An attendance list of all GPs who completed the activity must be submitted online to the RACGP CPD dashboard within **14 days** of the activity being completed.

- It is the provider's responsibility to ensure the correct RACGP member number for each GP is included on the attendance list.
- GPs who do not receive their CPD hours will be referred back to the relevant provider for advice.
- The online attendance upload facility will not accept attendance lists that are not formatted correctly and that do not provide sufficient details. If there are any errors, the provider will see an error warning on the upload page within the dashboard. The CPD representative must ensure the necessary actions are taken to resolve any errors and, once actioned, ensure any error messages are cleared.

The CPD representative

Roles and responsibilities

The CPD representative is nominated by the provider. The CPD representative must complete RACGP training to enable them to undertake the relevant RACGP administrative requirements and be responsible for the development, promotion, delivery and evaluation of CPD activities. The CPD representative may or may not be responsible for the development and design of CPD activities, depending on their level of educational expertise.

CPD representatives maintain a close relationship with the RACGP through regular contact with the CPD Program Coordinator from their assigned state office.

Refer to Appendix 2: Key roles and responsibilities for developing CPD activities for further information regarding key roles and responsibilities for developing CPD activities.

CPD representative training

The aim of CPD representative training is to ensure the development of high-quality CPD activities that meet the standards of the CPD Program, and that the associated RACGP administrative requirements are met (Figure 2). CPD representative training does not equip the participant with educational knowledge and expertise to develop and design activities that are to be submitted for approval.



Part A:

- Complete the online training (1–2-hour duration) prior to attending Part B



Part B:

- Complete the virtual training (3-hour duration)



Part C:

- Develop and submit a CPD activity that meets the CPD Activity Standards
- Deliver the CPD activity



Part D:

- Upload GP attendance
- Submit activity report



Part E:

- Email state CPD team following completion of Part D
- Once reviewed, statement generated and trainee deemed qualified as CPD representative

Figure 2. CPD representative training steps

Provider support services

RACGP CPD Program Coordinators act as relationship managers and provide advice, support and information about RACGP resources and services, guiding CPD providers and CPD representatives. The amount of time available varies upon requirements and workloads.

RACGP CPD Program Officers are also available to provide advice and support on operational issues and CPD provider/CPD representative administration requirements.

Ongoing quality assurance (QAA) and review of activities will occur as per the RACGP CPD quality assurance and compliance framework, and the CPD representative must maintain RACGP CPD Activity Standards throughout the contract period to maintain their qualification (Figure 3).

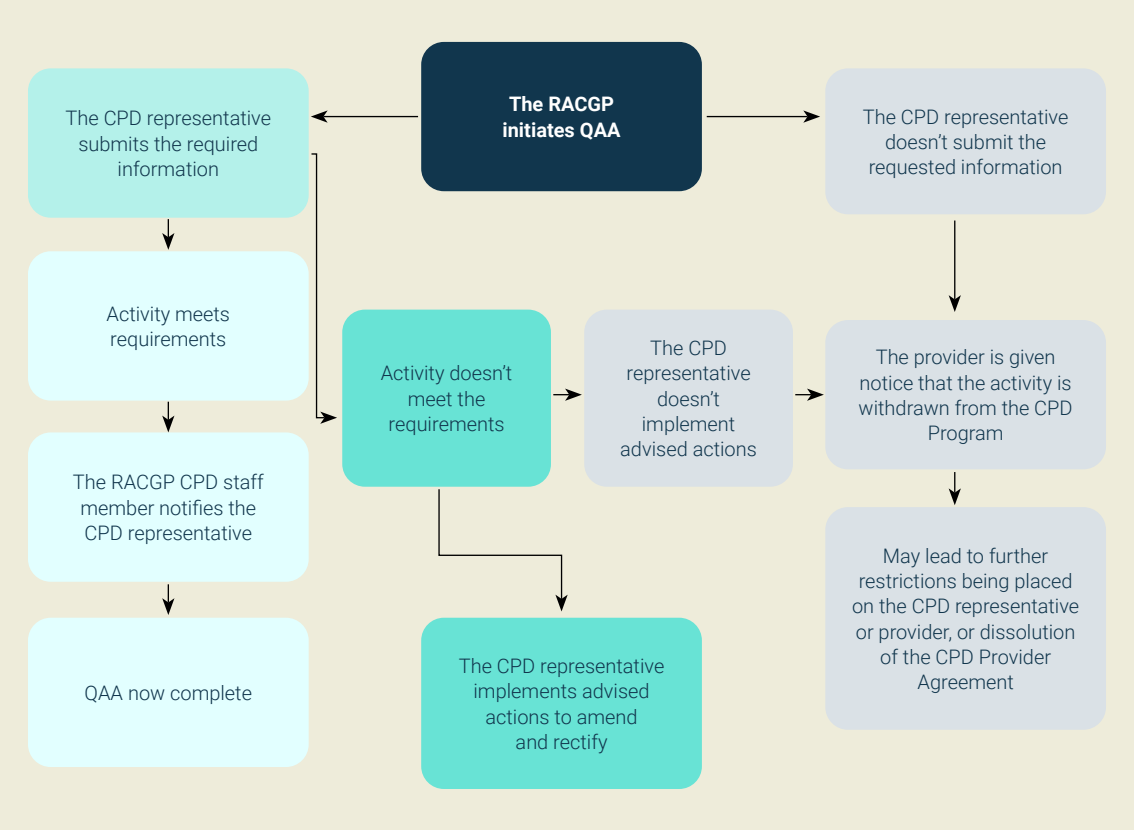


Figure 3. Quality assurance assessment (QAA) process

For more information refer to Appendix 9: CPD quality assurance and compliance framework for providers.

Appendix 1: RACGP CPD Standards

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Introduction

The Royal Australian College of General Practitioners (RACGP) *Continuing professional development (CPD) Standards* provide the basis for setting and maintaining the quality of the CPD Program of the RACGP CPD home.

There are two components:

1. RACGP CPD Activity Standards
2. RACGP CPD provider Standards.

RACGP CPD Activity Standards

The RACGP CPD Activity Standards inform the development of continuing professional development (CPD) activities for the RACGP CPD home under the Professional Performance Framework of the Medical Board of Australia (MBA).

CPD activities are undertaken to meet the MBA CPD registration standards. The MBA defines CPD activity types as:

- educational activities (EA)
- reviewing performance (RP)
- measuring outcomes (MO).

RACGP CPD activities use the same categorisation.

These standards can be used by individuals and organisations developing CPD activities to meet the RACGP CPD activity requirements. They also form the basis for adjudication of CPD activities by the RACGP CPD home.

RACGP CPD Provider Standards

The RACGP CPD Provider Standards inform the organisational and CPD activity requirements of CPD providers within the RACGP CPD home under the Professional Performance Framework of the MBA. In addition, the Provider Standards will be the basis for accreditation of CPD providers by the RACGP CPD home. RACGP CPD providers will also need to ensure that all CPD-approved activities meet the RACGP CPD Activity Standards.

As a CPD home, the RACGP is required to demonstrate that RACGP CPD approved activities meet the Australian Medical Council standards. This includes ensuring the standard of CPD activities produced by RACGP CPD providers is quality assured.

In addition, all RACGP CPD approved activities will need to meet:

- MBA CPD requirements
- RACGP CPD requirements.

Central to these requirements, RACGP CPD approved activities need to:

- meet or exceed minimum quality CPD activity standards
- be relevant to Australian general practice.

These standards are outcomes-based to reflect best contemporary educational practice, but also to promote the development of innovative CPD activities.

RACGP CPD Activity Standards

Overview

The RACGP CPD Activity Standards focus on ensuring a high quality of education is provided to RACGP members. Providers are required to offer high-quality education under the guidance of the RACGP, which measures and monitors the development and delivery of CPD activities.

These standards are broad and outcomes-focused to meet the requirements of the MBA types of CPD and to encourage innovation in how RACGP members can satisfy CPD requirements. CPD activities are mapped to the current RACGP curriculum and syllabus for Australian general practice and the MBA types of CPD.

There are four main standards relating to:

1. need for an activity and its relevance to general practice
2. learning outcomes
3. activity design
4. activity evaluation.

Each standard includes criteria and indicators to assist education providers. The indicators use the word 'must' to indicate what is mandatory, and 'could' to indicate what is optional though recommended. This will allow providers to be flexible in their approach to meeting the various types of activity requirements in ways that best suit their organisation's resources and expertise.

Guidance is also provided for each standard for added context and to explain its importance to GPs' CPD activity.

Links to policies and other documents have been included where relevant.

CPD Activity Standards

Standard 1: CPD activities are based on identified needs relevant to Australian general practice.

Standard 2: CPD activity learning outcomes are informed by the needs assessment.

Standard 3: CPD activities are designed to achieve the learning outcomes.

Standard 4: Evaluation informs quality improvement of the CPD activity.

Standard 1: CPD activities are based on identified needs relevant to Australian general practice

Criterion 1.1 The needs assessment process involves a specialist GP

Indicators for meeting this criterion

The CPD representative must provide information on how a specialist GP was involved in the needs assessment process. For example, a GP:

- conducted the needs assessment using RACGP publications and other evidence-based references as a source for assessing needs
- reviewed the needs assessment and confirmed its relevance to general practice.

Criterion 1.2 A comprehensive evidence-based needs assessment informs the activity and is relevant to the RACGP curriculum and syllabus for Australian general practice and the MBA CPD Registration Standard

Indicators for meeting this criterion

The CPD representative must provide references to information used in developing a needs assessment, including:

- recent (<10 years), predominantly Australian references
- the current RACGP curriculum and syllabus for Australian general practice
- MBA CPD Registration Standards.

The CPD representative could also use data from other current, reliable and reputable evidence-based sources.

Criterion 1.3 The activity supports safe and responsible practice

Indicators for meeting this criterion

The CPD representative must select the appropriate program-level requirement/s embedded within the activity:

- culturally safe practice
- health inequities
- professionalism and ethical practice.

Standard 2: CPD activity learning outcomes are informed by the needs assessment

Criterion 2.1 CPD activity learning outcomes are clear, measurable, relevant and feasible

Indicators for meeting this criterion

All CPD activity learning outcomes must be:

- clear – learning outcomes are specific, unambiguous and easy to understand
- measurable – learning outcomes can be objectively assessed so that GPs know if the learning outcomes have been achieved
- relevant – the learning outcome should be directly linked to the needs assessment and the context of general practice
- feasible – the learning outcomes are achievable considering the GP's current level of knowledge and skills and the learning activity design including resources and time frames.

Refer to Appendix 4: A guide to writing learning outcomes.

Standard 3: CPD activities are designed to achieve the learning outcomes

Criterion 3.1 The CPD activity design is consistent with contemporary educational practice

Indicators for meeting this criterion

The CPD representative must detail:

- how educational practice has informed their activity design, for example, how opportunities for interaction and reflection have been included
- the use of CPD expertise in activity development.

Criterion 3.2 The learning activities are designed to achieve the learning outcomes

Indicators for meeting this criterion

The CPD representative must:

- outline the most suitable category or categories described by the *MBA Registration Standard: Continuing professional development* for the activity design
- provide a rationale for why a particular design (eg workshop, eLearning, audit) has been selected for achievement of the learning outcomes
- provide evidence of how the delivery components of the learning activity are mapped to the learning outcomes
- provide evidence of a program plan or activity template – where relevant, this should include details of facilities, facilitators and participant numbers.

Criterion 3.3 The content is evidence-based and relevant to Australian general practice

Indicators for meeting this criterion

The CPD representative must:

- provide information on how a specialist GP was involved in the development, design and evaluation of the activity
- demonstrate that the content is not influenced by sponsorship or commercial interests
- provide a list of evidence-based resources, **predominantly Australian references**, used in the development of the activity content
- provide samples of activity content.

Criterion 3.4 Assessments are fit for purpose

Indicators for meeting this criterion

The CPD representative must:

- consider the role and justify any method of assessment that has been selected for the activity, including where assessment will occur
- describe how the method of assessment measures achievement of the learning outcomes.

Standard 4: Evaluation strategy informs quality improvement of the CPD activity

Criterion 4.1 An evaluation strategy reviews and documents all elements of the activity

Indicators for meeting this criterion

The CPD representative must:

- provide evidence and methodology used in an evaluation process
- incorporate a range of perspectives in the collection of data
- ensure that the four mandatory questions are included in their entirety in the activity's evaluation form
- describe how evaluation data will be provided to those involved in activity development and/or delivery.

Criterion 4.2 CPD activity quality improvement is based on the evaluation strategy outcomes

Indicators for meeting this criterion

The CPD representative must:

- provide information about how evaluation data is used in a review of the activity and how this informs current and future CPD activities
- based on the evaluation data collected, create and submit an activity report, which should be used for quality improvement (QI).

Guidance to the CPD Activity Standards

The RACGP has an approach to education for GPs at all stages of the learning continuum; this is described by the RACGP educational framework. This framework expresses the values, priorities, CPD philosophy and scope of education to which the RACGP is committed.

The guiding principles of RACGP education are as per Figure A1.1. These principles are important considerations and are a basis for the development of the CPD Activity Standards.



Figure A1.1. RACGP education guiding principles

Guidance to CPD Activity Standard 1: CPD activities are based on identified needs relevant to Australian general practice

Why this is important

The needs assessment summarises data about the CPD needs of GPs to guide the development of CPD activities. It should provide the evidence of need for the CPD activity and relevance to Australian general practice and the MBA CPD regulatory requirements.

The RACGP CPD Program activities are designed for GPs; therefore, it is important that specialist GPs are involved in identifying the needs of GPs in Australia.

Guidance

The needs assessment helps to ensure the education is relevant in terms of meeting identified gaps in GP education in Australia. This includes new and emerging topics relevant to general practice, such as legislative changes or new guidelines. To ensure that the learning is relevant to GPs, the content should refer to the current RACGP curriculum and syllabus for Australian general practice and be reviewed by a specialist GP.

All medical practitioners need to meet the 2023 MBA Registration standard: Continuing professional development. Therefore, CPD activity planning should consider how the activity will fit within the types of CPD outlined in that standard, and this should be reflected in the needs assessment.

Several other sources can be used to provide information about CPD needs. These include (but are not limited to):

- Australian national or state/territory government health data, legislation or initiatives
- National Health Priority Areas
- RACGP educational framework
- RACGP publications
- data or information from Primary Health Networks
- peak bodies and other relevant medical specialties
- previously published surveys or literature.

When developing an activity, CPD providers are encouraged to conduct their own research into GP CPD needs. This might involve seeking the views of GPs using questionnaires or focus groups, or from evaluation data from a previous CPD activity.

As well as being involved in assessing learning needs, a specialist GP is also required in further planning, development and evaluation of an activity (Standard 3). This is to ensure that the activity is relevant and applicable to general practice.

The Australian Medical Council expects that CPD facilitates the development of medical practitioners across the breadth of practice and is not confined to narrow scopes. The areas specifically identified are:

- culturally safe practice in providing healthcare for Aboriginal and Torres Strait Islander peoples
- the role of doctors in addressing health inequities as they work within the health system
- professionalism and ethical practice.

These areas should be embedded in professional development activities where possible.

Guidance to CPD Activity Standard 2: CPD activity learning outcomes are informed by the needs assessment

Why is this important

Learning outcomes articulate what the GP will know or be able to do at the end of a CPD activity. The learning outcomes should be derived from the needs assessment and inform the activity design.

Guidance

Effective learning outcomes are:

- clear and easy to understand
- measurable, so that achievement of outcomes can be assessed. They therefore need to use measurable or demonstrable terms such as 'describe', 'outline', identify', 'evaluate', 'develop', 'diagnose', 'assess'. Avoid using vague words such as 'understand', 'know', 'comprehend', 'learn', 'realise', which cannot be measured. For further guidance, Bloom's Taxonomy can also be used
- relevant – this is achieved by referencing the needs assessment and learning outcomes informed by the context of general practice
- feasible – the learning outcomes for an activity need to be achievable in the time allocated for that activity. Where an activity is practical (eg skills training), time for participant practice should be allocated to allow achievement of the outcome.

Guidance to CPD Activity Standard 3: CPD activities are designed to achieve the learning outcomes

Why is this important

CPD activities should be considered in terms of content and design. As outlined in principle 5 of the RACGP Educational Framework, activities should be founded on evidence-based best practice and contemporary educational practice to maximise opportunities for learning.

Guidance

There are many CPD theories of learning but, in general, adults learn best when the content is relevant and they are actively engaged in the process. Application to practice, opportunities for feedback and interaction are important considerations in designing a CPD activity. An activity developer should have CPD experience and/or qualifications to ensure that the activity is based on contemporary educational practice.

The activity content should be relevant to Australian general practice and based on current evidence. Evidence may be in the form of resources such as reputable evidence-based references or guidelines relevant to Australian general practice. It is expected that the content will be consistent with the 2022 RACGP curriculum and syllabus for Australian general practice and that a specialist GP is involved in the design of the activity to ensure relevance to general practice.

The RACGP reviews activities, for which samples of the content are required. Samples will depend on the nature of the activity. For example, PowerPoints or access to online modules may be provided. The amount needs to be sufficient for an adequate assessment of the relevance to the learning outcomes and general practice.

CPD activities vary in type. They may be online or face to face, in the form of workshops or lectures, and may consist of an individual participant, or groups of variable size. The design should best facilitate the achievement of the learning outcomes that have been developed based on the needs assessment. For example, an update of knowledge may be undertaken online or in a lecture, while a discussion about application of knowledge to practice could take the form of case-based discussion with a colleague or group.

The activity design must be aligned to the MBA types of activities for CPD.

In some cases, an activity may be composed of a mix of MBA types; therefore, the time allocated to each type should be indicated in the program plan or activity template.

The design can be developed and recorded in a program plan or activity template. A variety of different learning strategies can be used in an activity to engage learners. Some examples are (but not limited to):

- group, pair or individual learner activities
- practical skills training
- case discussions
- role-plays
- panel discussions
- Q&A sessions.

Additional activities, such as reflective questions or multiple-choice questions, may be included before or on completion of an activity. These can be used to orientate learners and provide content relevant to the activity, or to allow reflection about the application of learning or for assessment.

For workshops or face-to-face activities, there are additional considerations related to the delivery of the activity. These include the use of technology (especially for remote activities), number of participants in relation to facilitators and the qualifications of any facilitators involved.

In planning an activity, consider opportunities to provide learners with feedback about their progress towards achievement of the learning outcomes. Examples of feedback activities include personal discussion, such as through pairs or groups, reflective questions or quizzes, and questions with answers.

It is recommended that all activities should consider incorporating some form of assessment. The method and timing of any assessment will vary but should be feasible and matched to the learning outcomes.

Assessment may be informal or formal. Informal assessments may be as simple as self-reflection using questions or audit results. Formal assessments might include:

- written work such as essays that are assessed
- multiple-choice or short-answer questions
- observed assessment such as oral exams, demonstration of skills, workplace-based assessment.

The form of assessment should reflect the stakes of the activity. Where activity results in the award of a certificate or qualification, the methods require a higher level of rigour in terms of assessment validity and reliability.

Guidance to CPD Activity Standard 4: Evaluation strategy informs quality improvement of the CPD activity

Why is this important

An evaluation strategy is an approach to the collection and analysis of data about an activity to see if it is meeting its intended outcomes and to identify opportunities for improvement. QI is an approach to the analysis of data with the purpose of improving the activity. Data can also assist in identifying areas for the development of future activities.

Guidance

An evaluation strategy should be part of the planning process. The strategy should involve collection of data from a variety of perspectives (eg participants, facilitators and developers) and detail how the data will be shared with all those involved in the activity.

Evaluation methods may include collecting responses to questionnaires, individual or focus group interviews, or obtaining other data such as results of assessments. The results of evaluation may be shared with the developers of an activity, or facilitators or presenters involved in the delivery. They may also be shared with the RACGP.

Where high-stakes assessment is involved, evaluation is essential to determine whether the activity is meeting its aims and assessments are suitable for the purpose.

There are four mandatory questions required by the RACGP in evaluating a CPD activity. These will need to be part of the evaluation in addition to any questions the provider wishes to include.

The QI cycle involves reviewing and reflecting on data collected, identifying opportunities for improvement, followed by implementation of any changes. Evaluation and QI are a continuous cycle of review and change.

RACGP CPD Provider Standards

Overview

The RACGP CPD Provider Standards focus on ensuring that providers offer high-quality education to GPs. To achieve this, the RACGP provides guidance to all providers and monitors the development and delivery of their CPD activities.

These standards are both broad and outcomes-focused to meet the requirements of the MBA types of CPD and to encourage innovation in how RACGP members can satisfy CPD requirements.

There are three main standards relating to:

1. the governance of the CPD provider
2. the quality of the education offered by the CPD provider
3. collaboration between the RACGP and the CPD provider.

Each standard includes criteria and indicators to assist CPD providers. The indicators use the word 'must' to indicate what is mandatory, and 'could' to indicate what is optional though recommended. This will allow providers to be flexible in their approach in meeting the various types of CPD activities in ways that best suit their organisations' resources and expertise.

Guidance is also provided for each standard for added context and to explain its importance to Australian general practice.

Providers will have access to the relevant policies and documents to support the RACGP CPD provider Standards.

CPD Provider Standards

Standard 1: A sound governance structure supports the delivery of quality CPD activities.

Standard 2: The CPD provider offers quality CPD activities relevant to Australian general practice.

Standard 3: There is collaboration between the RACGP and the CPD provider to ensure quality CPD activities.

Standard 1: A sound guidance structure supports the delivery of high-quality CPD activities

Criterion 1.1 The CPD provider has sufficient capacity and appropriate governance structures to deliver quality education

Indicators for meeting this criterion

The CPD provider must:

- have sufficient human and educational resources to manage, develop and evaluate the RACGP approved CPD activities, and to provide support to GPs
- identify a process to manage potential conflicts of interest without undue influence from external stakeholders
- include a GP and other relevant representation in the development of education as detailed in the CPD Activity Standards.

Criterion 1.2 CPD providers maintain up-to-date and secure record management

Indicators for meeting this criterion

The CPD provider must consistently apply policies related to the storage, retention, disposal, privacy and access to CPD participants' information.

Retain all CPD relevant records, eg completion of activity submissions, pre and post activities, etc, for three years after each CPD calendar year cycle. For more information see the 2023 MBA CPD Registration Standard.

Criterion 1.3 CPD provider communicates effectively with participants

Indicators for meeting this criterion

The CPD provider must:

- publish detailed descriptions of the requirements and content of activities including the MBA activity types and expected hours
- publish any fees associated with providing any learning activities.

Criterion 1.4 CPD provider embeds continuous quality improvement in all activities

Indicators for meeting this criterion

The CPD provider must demonstrate QI processes as detailed in the CPD Activity Standards in approving CPD activities.

Standard 2: The CPD provider offers high-quality CPD activities

Criterion 2.1 The CPD provider develops high-quality CPD activities relevant to Australian general practice

Indicators for meeting this criterion

The CPD provider must:

- align all learning activities to the current RACGP curriculum and syllabus for Australian general practice and the MBA's *Good medical practice: A code of conduct for doctors in Australia*
- follow the CPD Activity Standards in developing CPD activities and delivering CPD approved activities
- ensure content is consistent with any relevant RACGP policy, requirement, position statement or guideline
- meet the high-level requirements of other specialist colleges where relevant.

Criterion 2.2 Ensure that CPD activity records assist participants to meet their CPD requirements

Indicators for meeting this criterion

The CPD provider must:

- detail the length and type of any CPD approved activity for each participant in accordance with the MBA CPD Registration Standard, or any additional RACGP or other relevant specialist high-level requirements
- record and report each participant's CPD approved activity participation to the RACGP within an appropriate time frame.

Standard 3: There is collaboration between the RACGP and the CPD provider to ensure quality CPD activities

Criterion 3.1 CPD providers are accredited by the RACGP to the relevant standard

Indicators for meeting this criterion

The CPD provider must:

- follow RACGP accreditation processes for CPD providers
- meet the RACGP CPD Provider Standards.

Criterion 3.2 RACGP support and guidance is accessed

Indicators for meeting this criterion

The CPD provider must demonstrate access and use of RACGP CPD support and guidance resources in the development of CPD activities.

Criterion 3.3 CPD provider participates in RACGP quality assurance and reporting processes

Indicators for meeting this criterion

The CPD provider must demonstrate a process for the results of quality assurance being included in future improvement and development.

The CPD provider could demonstrate previous participation in the RACGP quality assurance processes.

Guidance to the CPD Provider Standards

These standards:

- are used to assess, monitor and evaluate the quality of CPD providers. The Australian Medical Council CPD home criteria (2.2) require the CPD home to assess and recognise external CPD activities – these standards support meeting that standard in conjunction with the CPD Activity Standards
- apply to all RACGP CPD providers
- draw on the RACGP CPD Activity Standards.

This document focuses on all CPD activities that have been mapped to the relevant Criteria for Australian Medical Council Accreditation of CPD Homes as the RACGP will need to demonstrate that CPD activities from external providers meet these standards.

Guidance to CPD Provider Standard 1: A sound governance structure supports the delivery of high-quality CPD activities

Why this is important

Governance relates to the provider's structure and processes that are essential in developing and delivering quality CPD activities. The areas of governance that are relevant under this standard include those related to human and educational resources, policies, communication, privacy, conflicts and QI.

Guidance

The provider needs to have adequate personnel to provide the education. This includes administrative as well as educational staff. A specialist GP also needs to be involved in the CPD activity, as outlined in the RACGP CPD Activity Standards.

The provider must also nominate at least one person to be the CPD representative (formerly Education Activity Representative or EAR) and undertake the CPD representative training. The training allows the CPD representative to act as a central point of contact and to be responsible for accrediting and evaluating the provider's CPD approved activities. Training for CPD representatives is undertaken on successful provider approval and then as required to update skills and knowledge.

All partnerships and representative organisations involved in the design and delivery of CPD activities need to be clearly stated and documented.

Conflicts of interest can arise in the context of sponsorship of activities or advertising of products. CPD activities should not promote goods, services, medical devices or pharmaceutical products. The RACGP Advertising and Sponsorship policy and specific CPD sponsorship guidelines are included in the CPD provider handbook.

GPs are encouraged to provide feedback about CPD approved activities. Where there is concern about an activity, the provider should have a policy for managing complaints. If the activity results in certification, there should also be an appeals policy.

Records held by the provider need to be held securely to ensure privacy. A policy in relation to record storage, retention, disposal, privacy and access of records is required.

Good communication with participants is important. GPs need to know the details of the CPD activity offered, including:

- the content and expected learning outcomes
- any assessment, especially where this leads to certification
- the MBA activity type, expected hours and any relevant specialist medical college requirements
- any specific regulatory or maintenance of professional standards requirements (refer to CPD provider Standard 2)
- time allowance
- costs
- details of those involved in the development of the activity, and of presenters or facilitators, especially where there may be a perceived conflict of interest.

These details should be available on the CPD provider's website.

QI of individual activities is outlined in the RACGP CPD Activity Standards, but the provider should have an overall policy and procedural approach to QI that includes measuring outcomes and reviewing complaints and concerns.

Evidence that could be provided in meeting this standard includes:

- an organisational chart relevant to provision of education
- details of the educational experience of staff
- evidence of completion and/or intention to complete the CPD representative training
- evidence of previous delivery of education with a minimum of 12 months of experience preferred
- policies and procedures related to managing conflicts of interest, complaints and appeals
- policies and procedures related to managing records
- details of how relationships with external stakeholders are managed
- documented processes related to communication, including website information
- details of QI processes
- completion of application forms that indicate the RACGP CPD Provider and CPD Activity Standards have been understood and there is agreement to comply.

Guidance to CPD Provider Standard 2: The CPD provider offers high-quality CPD activities

Why this is important

The RACGP CPD Program supports GPs in maintaining their professional knowledge and skills through their ongoing education. The RACGP requires that activities are of high quality.

Guidance

The RACGP CPD Activity Standards relate to the standard of activities relevant to general practice and must be met by providers. The content of the activity must be relevant to general practice and consistent with accepted evidence-based general practice. This includes being consistent with accepted Australian general practice guidelines, RACGP policies, requirements and position statements. CPD activity content outside the scope of general practice will not be approved. Where there is uncertainty, the RACGP may conduct a review of the content of the CPD activity before it is approved. This could apply to new or emerging products and/or services.

The MBA defines the CPD requirements of all doctors and must therefore be met by all GPs. In addition, specialist colleges may also have high-level requirements that must be met by their members.

The specialist high-level requirement for general practice is a cardiopulmonary resuscitation (CPR) course (HLTAID009 Provide Cardiopulmonary Resuscitation). Specialist GPs must complete a CPR course once each triennium– for example, once in the 2026–28 triennium. The RACGP will also accept basic life support (BLS) and advanced life support (ALS) courses that include CPR and meets the Australian Resuscitation Council guidelines. The MBA has determined that all CPR courses will only be eligible for hours under the educational activities (EA) CPD type.

There are some situations where GPs may provide services that require them to meet the requirements of other specialist colleges or other legislative requirements. Some examples include:

- women's health hours as required by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- accreditation as a shared care provider with relevant health services
- General Practice Mental Health Standards Collaboration (Mental Health Skills Training, Focussed Psychological Skills Training)
- diagnostic radiology
- medical acupuncture
- anaesthetic skills.

The provider must assist the GP in recording their professional development by providing them with a statement of completion or attendance that details the total hours for activity completion, the MBA type of activity and any high-level requirements. The provider also needs to submit participant completion to the RACGP in a timely manner.

Evidence that could be provided in meeting this standard includes:

- activity details and content as provided under the RACGP CPD Activity standards
- reference to relevant current policies, guidelines, requirements and/or position statements
- reference to the RACGP educational framework.

Guidance to CPD Provider Standard 3: There is collaboration between the RACGP and the CPD provider to ensure high-quality CPD activities

Why this is important

The Australian Medical Council may require CPD homes to assess and recognise external CPD activities, and the RACGP accreditation process ensures that this occurs. The RACGP acknowledges the important role CPD providers have in providing quality CPD activities. The role of the RACGP is to ensure activities are of high quality and to assist providers to meet the RACGP CPD Activity Standards by providing support, guidance and resources.

Guidance

The RACGP accreditation processes and CPD provider Standards assist providers in developing quality education. Training for CPD representative/s is provided by the CPD program coordinators based on the CPD Activity Standards. Resources such as the CPD provider handbook, activity guides, templates and exemplars are also available. Accreditation allows the provider to use the relevant RACGP CPD logo and promote CPD activities to RACGP members through the CPD platform.

The RACGP has a quality assurance process that ensures CPD activities meet the CPD Activity Standards. All providers must participate at least once in a triennium in the quality assurance process. An up-to-date attendance upload and activity reporting from providers is essential to ensure current data are available for quality assurance purposes.

Resources

- Australian Government Department of Health and Aged Care. Medical doctors and specialists. www.health.gov.au/health-topics/doctors-and-specialists/about
- Australian Government Department of Health and Aged Care. Primary health networks. www.health.gov.au/initiatives-and-programs/phn
- Australian Institute of Health and Welfare. Australia's health 2024: In brief www.aihw.gov.au/reports/australias-health/australias-health-2024-in-brief/summary
- Australian Medical Council www.amc.org.au/
- Australian Resuscitation Council resus.org.au/
- Medical Board of Australia. *Good medical practice: A code of conduct for doctors in Australia.* www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx
- Medical Board of Australia. Registration standard: Continuing professional development www.medicalboard.gov.au/registration-standards.aspx
- Medical Board of Australia. Continuing professional development: Professional performance framework www.medicalboard.gov.au/Professional-Performance-Framework/Strengthening-CPD.aspx
- The Royal Australian College of General Practitioners. RACGP curriculum and syllabus for Australian general practice. www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home
- The Royal Australian College of General Practitioners. RACGP educational framework. www.racgp.org.au/education/registrars/fellowship-pathways/education-framework/overview-of-the-racgp-educational-framework
- The Royal Australian College of General Practitioners. The role of a specialist GP. www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/The-role-of-specialist-GPs.pdf

Glossary

Term	Definition
Activity design	The overall framework of a CPD activity that supports learning experiences. This includes decisions about content, structure, pedagogical strategies, sequence of learning and assessment that best facilitate the achievement of learning outcomes.
Australian Medical Council	An independent national standards body for Australian medical education and training.
Australian Resuscitation Council	A voluntary organisation that acts as the peak body representing all major groups involved in the teaching and practice of resuscitation in Australia. It is part of the Australian and New Zealand Committee on Resuscitation, which is the regional representative in the International Liaison Committee on Resuscitation.
cardiopulmonary resuscitation (CPR)	The RACGP's CPD Program's only high-level requirement for 2023–25 triennium. The content and assessment components of a course must meet the Australian Resuscitation Council guidelines.
continuing professional development (CPD)	RACGP CPD describes the learning activities that GPs engage in to develop, maintain and enhance their professional skills
CPD activity	A CPD activity that is undertaken to meet the CPD registration standard of the Medical Board of Australia (MBA). The MBA defines CPD activity types as educational activities (knowledge and skills), reviewing performance and measuring outcomes. RACGP CPD activities use the same categorisation.
CPD home	An organisation that is accredited by the Medical Board of Australia's (the Board) accreditation authority, the Australian Medical Council (the AMC), to provide a CPD program(s) for medical practitioners. This organisation may be an education provider, another organisation with a primary educational purpose or an organisation with a primary purpose other than education.
CPD representative (formerly Education Activity Representative)	The nominated representative of the CPD provider who manages the administrative and operational requirements of RACGP CPD approved activities and may also develop and design activities.

culturally safe practice	The *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* provides the following definition: Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.' Consistent with the Strategy 2020–2025, it is expected that CPD activities allow critical reflection to improve clinical practice in relation to: • Aboriginal and Torres Strait Islander approaches to health • the continuing impact of colonisation, racism and bias on health outcomes on Aboriginal and Torres Strait Islander peoples • rights-based approaches to improving health outcomes of and access to health services.
educational expertise	Experience and skills in designing CPD activities and/or education and training.
evaluation	The process of collecting and analysing data or information to measure the effectiveness of an activity in meeting its learning outcomes, and to identify opportunities for improvement.
Good medical practice: A code of conduct for doctors in Australia	The code that describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community.
governance	The systems and processes by which an organisation operates to ensure its overall structure, including that its employees function according to organisational goals and maintain accountability.
GP	A general practitioner with an active Australian general medical registration.
health inequities	Different access and outcomes for different groups of people may present differently depending on the specialty and location of a practitioner's practice. Good medical practice recognises the role of the practitioner as a champion in the system and also the specialty responsibilities in securing equitable health experiences and outcomes for Aboriginal and Torres Strait Islander patients.
learning outcome	What the GP will know or be able to do at the end of a CPD activity. The learning outcome should be derived from the needs assessment and inform the activity design.
MBA *Registration Standard: Continuing professional development*	The registration standard set by the Medical Board of Australia (MBA) regarding the minimum CPD requirements for medical practitioners.
Medical Board of Australia (MBA)	Regulates the medical profession in Australia, including setting medical practitioner CPD requirements.

National Health Priority Areas	An initiative that seeks to focus public attention and health policy on areas that contribute most to the burden of illness in the community, particularly if the burden can be significantly reduced.
needs assessment	Summarises current and evidence-based data or information about the educational needs of GPs to guide the development of a CPD activity as relevant to Australian general practice and the MBA CPD regulatory requirements.
outcomes-based standards	Standards that focus on the outcome to be achieved rather than how it is achieved. The CPD Activity Standards include guidance through criteria, indicators and suggestions for supporting evidence.
Primary Health Networks	Independent Australian Government-funded organisation aimed to streamline health services. They assess the needs of their community and commission health services so that people in their region can get coordinated care where and when needed.
professionalism and ethical practice	A GP's social contract with the community, which involves trust between the GP and the patient, observing patient–doctor boundaries, commitment to scientific and clinical excellence, promotion of health, and interests of patients before other interests.
provider	An organisation that meets the RACGP CPD provider Standards and RACGP CPD Activity Standards and has a current CPD provider Agreement with the RACGP CPD home for providing CPD approved activities for GPs.
quality improvement (QI)	The systematic process of improving the quality of CPD activities through reviewing data or information, identifying opportunities for improvement, followed by implementation of any changes to achieve better outcomes.
RACGP Advertising and Sponsorship Policy	A policy that determines the rules and procedures for which the RACGP will accept sponsorship of its products or events or advertising of third-party products.
RACGP CPD approved activity	A CPD activity that meets the RACGP CPD Activity Standards.
RACGP CPD Activity Standards	The standards that provide the basis for the development, delivery and evaluation of high-quality general practice CPD activities that meet RACGP CPD requirements. Activities developed by CPD providers must meet the RACGP CPD Activity standards.
RACGP CPD Program	The continuing professional development program offered by the RACGP to GPs.
RACGP CPD Provider handbook	The handbook in which this appendix is reproduced. It outlines the requirements and support available for RACGP CPD providers. It also includes information on RACGP CPD services and processes such as the RACGP Quality Assurance process, and how to approve activities or become an RACGP CPD provider, as well as a guide to sponsorship.
RACGP CPD Provider Standards	Detail the provider requirements for RACGP CPD approved activities for GPs.

Sponsorship and activity guidelines for RACGP CPD approved activities	Outlines sponsorship guidelines specific to the CPD Program and CPD approved activities. Included in this handbook as Appendix 6: Sponsorship and activity guidelines for RACGP CPD approved activities.
RACGP CPD Standards	Standards that provide the basis for setting and maintaining the quality of the CPD Program of the RACGP CPD home. There are two components of the RACGP CPD Standards: • CPD Activity Standards • CPD Provider Standards.
RACGP curriculum and syllabus for Australian general practice	Describes the key competencies and learning outcomes of GP education including CPD.
RACGP educational framework	Provides a conceptual representation of the RACGP's approach to education across the learning continuum of the Australian GP. The interrelated components of RACGP education are the educational imperatives, guiding principles, guiding instruments and educational programs. The framework is intended to guide RACGP educational development and orient learners, educators and institutions.
specialist GP	GPs who have passed the examinations and/or training program of an accredited general practice college, such as Fellowship of the Royal Australian College of General Practitioners (FRACGP) or are vocationally recognised and registered with the Australian Health Practitioner Regulation Agency (AHPRA). GPs being medical specialists is recognised under the *Health Practitioner Regulation National Law Act 2009*. The term 'specialist GP' is a protected title.
stakes	Refers to the risk associated with a learning activity where there may be a loss or gain. For example, an examination resulting in the award of a major qualification would be a high-stakes learning activity. High-stakes learning activities are often associated with assessment of competency and need to ensure a high level of rigour in terms of validity and reliability.

Appendix 2: Key roles and responsibilities for developing CPD activities

When an organisation becomes a provider with The Royal Australian College of General Practitioners (RACGP) Continuing Professional Development (CPD) Program, they are recognised for the quality of education and training they offer general practitioners (GPs). There are crucial roles required in planning and developing CPD activities, as follows.

RACGP staff

The CPD Program Coordinator

Providers are an integral part of the CPD Program, and the RACGP recognises the challenges they face developing and delivering high-quality education to GPs. A CPD Program Coordinator acts as a relationship manager to provide education advice, support and information about additional RACGP resources and services. The role of the CPD Program Coordinator is to support, assist, advise, guide and encourage the provider. The CPD Program Coordinator is also responsible for adjudication of activities to ensure they comply with CPD Activity Standards.

The CPD Program Officer

The CPD Program Officer assists the CPD Program Coordinator and is available to provide advice and support on operational issues to help providers and GPs meet their CPD Program needs.

The CPD provider

The CPD representative

The role of the CPD representative is pivotal to ensuring activities are relevant to GPs and are of an appropriate standard and quality. The CPD representative can develop, promote, deliver and evaluate activities for GPs, and is responsible for managing the administrative requirements of RACGP CPD approved activities. A CPD representative must also hold a current CPD representative number and undertake initial CPD representative training.

For the development and planning of CPD approved activities, a CPD representative may need to seek additional support/expertise from other education or medical practitioners.

The GP

Involvement of a GP is integral to ensuring activities are relevant to general practice. GPs can be involved at many levels, including as:

- a consultant on the needs assessment
- an educator
- a member of a group or committee responsible for developing the activity
- a CPD representative
- a facilitator.

Roles and responsibilities

The responsibilities listed below describe the activities the RACGP would expect the CPD provider and CPD representative to undertake when planning and designing activities for the CPD Program.

Provider obligations

Providers must:

- ensure they have read, understood and at all times comply with the CPD Provider Standards and all provisions in this *Continuing Professional Development (CPD) Program: Provider handbook,* and have completed, and will comply with, the provider eligibility criteria
- appoint at all times a suitably qualified, skilled and experienced individual to act as the CPD representative to develop and manage CPD approved activities
- ensure the person nominated as the CPD representative attends CPD representative training
- monitor the operations of its CPD representative
- remain responsible for the delivery of the CPD approved activity
- support and assist the RACGP with the processes set out for CPD quality assurance assessment (QAA) and compliance.
- deliver a minimum of one CPD activity per calendar year.

CPD representative obligations

CPD representatives must:

- ensure they have read, understood and at all times comply with all provisions in the Provider handbook
- ensure all CPD activities are designed, developed, delivered and evaluated against the CPD Activity Standards
- submit an initial CPD activity application for relevant activity type/s for adjudication as outlined in the Provider handbook
- ensure an application for a CPD activity has been approved by a specialist GP before submitting to the RACGP
- confirm that the specialist GP on the planning committee and presenter/facilitator of the activity (if medically registered) are in good standing with the Australian Health Practitioner Regulation Agency (Ahpra) by checking the medical register
- ensure all CPD approved activities are compliant with sponsorship guidelines
- ensure all activity participants have access to the GP feedback form,
- ensure that the appropriate CPD statement of attendance or completion is issued to participants
- complete in a timely fashion all aspects of the activity report
- retain responsibility for all administrative activities (including updating and amending activities) in relation to each CPD approved activity
- liaise with the CPD Program Coordinator to assist in the provider's compliance with the CPD provider agreement (including during quality assurance assessments and all other compliance matters)
- do all things reasonably necessary to facilitate the parties' compliance with this CPD provider agreement, including completing all applications, submissions, forms and notices in a timely, accurate and comprehensive manner
- maintain accurate and complete documentation for all CPD approved activities in a manner that allows ready access and timely submission to the RACGP as and when requested. This includes maintaining accurate records of participation and partial participation for all approved CPD activities
- conduct a post-delivery evaluation (activity report) of each CPD approved activity
- conform with all other requirements described in this *Provider handbook*.

Appendix 3: Needs assessment template and example

CPD activity needs assessment: Template

CPD activity needs assessment

Use this template to develop your needs assessment. Once completed, you'll use your needs assessment to help develop the learning outcomes for your activity.

Important reminders:

- Your activity must be covered in the current RACGP curriculum and syllabus for Australian General Practice.
- All statements must be cited to recent (<10 years), reliable and reputable information.

1. Activity title

2. Briefly outline the relevance of your topic to general practice (what) including identified general practice learning needs (why).

3. Please acknowledge any additional relevant information sources and content. Highlight all applicable boxes and briefly outline appropriate information. All statements must be cited to recent (<10years), reliable and reputable information.

Specific data collection	National/State programs and initiatives	Health professional/govt perspective	Patient (lived experience) perspective	Additional supporting information
If data was specifically collected, analysed and used for this assessment, please outline the collection tools and methodology (including the number of participants), the survey/focus groups questions and a brief analysis of the findings. **Anecdotal observations/ evidence are not appropriate.**	If this activity is linked to State/ Territory programs and initiatives and/ or National Health Priority Areas, please include details.	Have you considered information from medical specialists and/or special interest health groups, State/ Territory or national government bodies? Include and reference any relevant statistics or information.	Have you considered any information obtained from patient interviews, surveys, or data from community groups?	Briefly outline any further information you wish to provide as evidence to demonstrate the activity's alignment to the RACGP curriculum and syllabus for Australian general practice and the MBA Registration Standard: Continuing professional development.

References

List all RACGP publications and other current evidence-based references referenced in the creation of this needs assessment.

Author

Indicate the name and position of the person(s) who created this needs assessment.

GP review

Indicate the name of the GP who reviewed and approved the final needs assessment.

CPD activity needs assessment: Example

CPD activity needs assessment

Use this template to develop your needs assessment. Once completed, you'll use your needs assessment to help develop the learning outcomes for your activity.

Important reminders:

- Your activity must be covered in the current RACGP curriculum and syllabus for Australian General Practice.
- All statements must be cited to recent (<10 years), reliable and reputable information.

1. Activity title: Atrial fibrillation (AF) – Managing cardiovascular disease (CVD) in older patients

2. Briefly outline the relevance of your topic to general practice (what) including identified general practice learning needs (why).

Cardiovascular disease (CVD), including acute and chronic heart disease, stroke and peripheral vascular disease, is a complex and multifactorial issue that affects 16.6% of the Australian population.[1] It is the leading cause of death in Australia and accounts for 26% of all deaths.[1] Atrial fibrillation is another common cardiac condition that significant increases the risk of developing heart failure or stroke, making diagnosis and timely management vital.[1] These patients are often managed entirely by GPs, with an emphasis on managing symptoms, preventing disease progression and avoiding hospitalisations.[1]

It is the GP's role to identify those at risk and provide appropriate treatment in the context of their community.[1] Australia's population is ageing.[2] In 2017, 15% of Australia's population (3.8 million) was aged ≥65 years.[2] By 2057, the proportion of this group is expected to rise to 22% (8.8 million).[2] More than one in three general practice encounters are with people aged ≥65 years, with people aged ≥85 years increasingly presenting to general practice compared to other age groups.[2]

The healthcare needs of older people can be complex, with one in two people aged ≥65 years experiencing multiple chronic conditions.[2] The leading causes of the burden of disease in older Australians are cardiovascular disease, cancer, neurological conditions, musculoskeletal conditions and respiratory conditions.[2]

Atrial fibrillation (also called AF or Afib) is a type of arrhythmia.[3] In atrial fibrillation, abnormal electrical activity in the top chambers of the heart overwhelms the heart's own pacemaker (part of its electrical system) and the conduction messages become chaotic.[3] Atrial fibrillation is the most common recurrent arrhythmia in Australia, with estimates suggesting that approximately 2–4% of the Australian population has AF and prevalence increasing with age.[4] It is expected that AF cases in people aged >55 years will increase over the next 20 years due to the ageing population and improved survival from contributory diseases.[4]

Patient-centred care – with a focus on patient education, self-management, shared decision making and caregiver involvement – is recognised as one of the fundamental aspects of integrated care in the guidelines for atrial fibrillation.[5] To meet the complex needs of older Australians, GPs need to take a patient-centred, whole-person care approach that considers multimorbidity.[2] GPs also need to collaborate with the patient's broader multidisciplinary healthcare team to meet the patient's individual needs.[2]

3. Please acknowledge any additional relevant information sources and content. Highlight all applicable sections below and briefly outline appropriate information. All statements must be referenced to recent (<10years), reliable and reputable information.

Specific data collection	National/State/ Territories programs and initiatives	Health professional/govt perspective	Consumer (lived experience) perspective	Additional supporting information
If data was specifically collected, analysed and used for this assessment, please outline the collection tools and methodology (including the number of participants), the survey/focus groups questions and a brief analysis of the findings. **Anecdotal observations/ evidence are not appropriate.**	If this activity is linked to State/ Territory programs and initiatives and/ or National Health Priority Areas, please include details.	Have you considered information from medical specialists and/or special interest health groups, State/ Territory or national government bodies? Include and reference any relevant statistics or information	Have you considered any information obtained from patient interviews, surveys, or data from community groups?	Briefly outline any further information you wish to provide as evidence to demonstrate the activity's alignment to the RACGP curriculum and syllabus for Australian general practice and the MBA Registration Standard: Continuing professional development.

References

List all RACGP publications and other current evidence-based references cited in the creation of this needs assessment.

1. The Royal Australian College of General Practitioners. 2022 RACGP curriculum and syllabus for Australian general practice: Cardiovascular health. 6th edn. East Melbourne, Vic: RACGP, 2022. Available at www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/cardiovascular-health [Accessed 7 September 2025].
2. The Royal Australian College of General Practitioners. 2022 RACGP curriculum and syllabus for Australian general practice: Older persons' health. 6th edn. East Melbourne, Vic: RACGP, 2022. Available at www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/units/older-person-s-health [Accessed 7 September 2025].
3. National Heart Foundation of Australia: What is atrial fibrillation? Available at www.heartfoundation.org.au/your-heart/atrial-fibrillation [Accessed 7 September 2025].
4. The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. 10th edn. East Melbourne, Vic: RACGP, updated 2025. Available at www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/preventive-activities-in-general-practice/about-the-red-book#:~:text=The%20Red%20Book%20supports%20evidence,early%20detection%20and%20intervention)%20activities [Accessed 7 September 2025].
5. National Heart Foundation of Australia. Atrial fibrillation information for patients. Available at www.heartfoundation.org.au/for-professionals/fp-atrial-fibrillation-patient-resources [Accessed 7 September 2025].

Author

Indicate the name and position of the person(s) who created this needs assessment.

Catherine Johnston (CPD representative), Education Coordinator

GP review

Indicate the name and position of the person(s) who created this needs assessment.

Dr Kim Ang Lee

Appendix 4: A guide to writing learning outcomes

Introduction

All Royal Australian College of General Practitioners (RACGP) continuing professional development (CPD) activities must include learning outcomes that describe what participants will know, or be able to do better or differently, as a result of completing the activity. Learning outcomes reflect specific topics the activity will address.

Learning outcomes

Learning outcomes are crucial to the design of CPD activities. The following terms are used in this appendix:

- aim – a broad statement of what the activity is trying to achieve; it summarises the overall intent of the activity
- learning outcome – a specific statement describing what skills and abilities the participant will develop in a measurable way as a result of undertaking the activity.

Learning outcomes refer to behaviours and describe what participants will be able to do as a result of engaging in the learning activity. These behaviours can include demonstration of knowledge, skills, use of systems, or any combination of these.

Learning outcomes are based on the needs assessment, guided by the general practitioner (GP) on the planning committee. Outcomes influence the activity content and delivery, evaluation process and content of any predisposing and reinforcing activities.

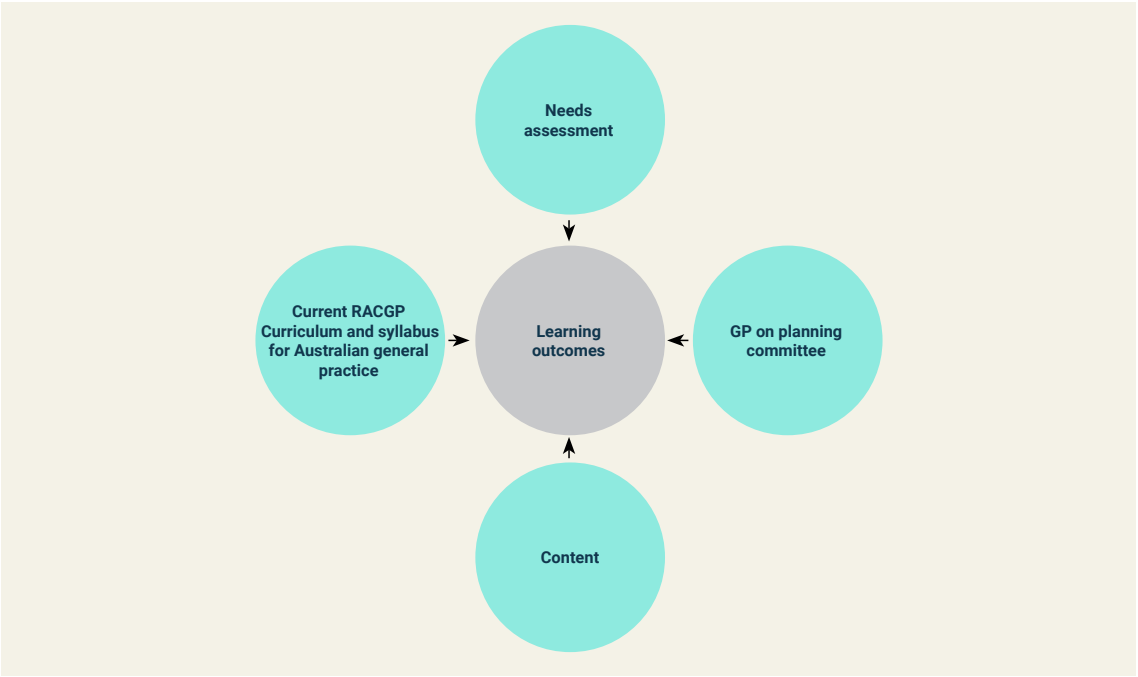


Figure A4.1. Four inputs into writing learning outcomes

How learning outcomes assist in the development of CPD activities

Learning outcomes assist all people involved in developing activities.

- Providers – learning outcomes help articulate the goals that providers would like participants to achieve. Articulating goals helps providers to plan content, materials and assessments, and direct and motivate participants.
- Participants – learning outcomes give participants guidance on what will be addressed in the activity to direct their learning. Learning outcomes also describe the skills and abilities participants will develop from the activity, and help them determine the value of the activity.
- Facilitators – learning outcomes offer facilitators direction on delivering the content of their program. Learning outcomes give the facilitator information on what should be included and what needs to be achieved upon completion of the activity.

How to create SMART learning outcomes

The standard practice is to write learning outcomes in the SMART format (Table A4.1).

Table A4.1. SMART learning outcomes

Specific	The learning outcomes specify exactly what GPs will be able to know or do at the end of the activity. They should use action verbs (such as identify, describe, practise, analyse).
Measurable	Learning outcomes need to be measurable so that GPs know if they have achieved them. For example, if a learning outcome is 'resuscitate a patient' yet the activity is in a simulation centre with no real GPs, how can the ability to resuscitate a patient be assessed, other than if the GP is observed doing so in their workplace? This outcome is not measurable. It would be better written as 'demonstrate resuscitation skills on a mannequin'. Some verbs such as 'understand' are difficult to measure as the intent is unclear. In this instance, a better verb is 'describe', which is measurable.
Achievable	Learning outcomes for an activity need to be achievable in the time allocated for that activity. For example, if the outcome is to identify a structure for managing trauma, this may be achievable in a one-hour lecture. However if the learning outcome is to practise managing a simulated trauma patient, this would not be achievable within a one-hour lecture.
Relevant	Learning outcomes for an activity should be directly related to the data obtained in the needs assessment in order to be relevant to GPs. The learning outcomes must address current or future knowledge, skills or behaviour gaps identified in the needs assessment.
Timely	Learning outcomes should indicate the time in which they'll be achieved (for example, by the end of the audit, discussion or course). You'll only write this once at the top of all the learning outcomes.

Relevant verbs

A statement of a learning outcome contains an action (verb) and an object (usually a noun).

Different verbs are used in learning outcomes to indicate the level of complexity the learning will address. Table A4.2 features six cognitive processes and appropriate verbs that can be used when writing learning outcomes.

Table A4.2. Six cognitive processes and associated verbs that can be used when writing learning outcomes

List	Explain	Apply	Analyse	Evaluate	Create
Identify	Describe	Examine	Compare	Determine	Design
Recall	Interpret	Implement	Contrast	Recommend	Develop
Define	Classify	Execute	Distinguish	Measure	Produce
Label	Demonstrate	Prepare	Differentiate	Assess	Integrate
Outline	Summarise	Select	Organise	Review	Modify

Beware of vague verbs and phrases that **cannot** be measured:

- Know
- Comprehend
- Understand
- Appreciate
- Familiarise
- Study
- Be aware
- Become acquainted with
- Gain knowledge of
- Cover
- Learn
- Realise

Example learning outcomes

Table A4.3 provides examples of poor versus well-written learning outcomes.

Table A4.3. Poorly written versus concise learning outcomes

Poorly written/vague learning outcomes		Concise learning outcomes
By the end of this activity, participants will be able to:	›	**By the end of this activity, participants will be able to:**
understand the different cases of cardiovascular disease (CVD)	›	manage the different presentations of CVD
ensure patients are aware of the healthy heart diet	›	discuss the healthy heart diet with patients
know the lifestyle changes for heart disease prevention and further heart attacks	›	recommend lifestyle changes to prevent heart disease
learn practice team or multidisciplinary approach management of patients with CVD	›	outline a practice team or multidisciplinary approach in managing patients with CVD

Appendix 5: Types of CPD activities

Providers can use Table A5.1 as a guide to prompt their thinking on the types of activities they can develop. Each activity appears in line with the Medical Board of Australia (MBA) continuing professional development (CPD) activity type. This is not an exhaustive list.

Table A5.1. Types of CPD activities

Educational activities (knowledge and skills)	**Activities that expand knowledge, skills and attitudes**	• Workshops • Conferences • Lectures webinars • Podcasts • Short courses • Case-based discussions
Reviewing performance (with evidence of feedback)	**Activities that require reflection on feedback about the general practitioner's work**	• Case-based discussion • Peer group learning • Professional development plan (PDP) • Patient feedback • Multi-source feedback • Doctors' health and wellbeing • Supervisor activities
Measuring outcomes (with evidence of outcomes)	**Activities that use work data to ensure high-quality results**	• Mini audit/audit • Plan, Do, Study, Act (PDSA) • Research • Practice accreditation • Evaluation • Quality improvement (QI) project
Hybrid activities (RACGP initiative)	**Activities that are a combination of two or more of the MBA's three different activity types – education activities (EA), measuring outcomes (MO) and/or reviewing performance (RP)**	• Peer group learning – could be a combination of EA (eg presentations and RP (eg case-based discussions with feedback and/or reflective components) • Workshops – could be a combination of EA (eg presentations, lectures) and RP (practical skills station/s, case-based discussion/s, assessment/s with feedback and/or reflective components) and/or MO (eg post-activity to conduct a mini-audit back in practice relevant to workshop's educational topic) • Supervising and mentoring/teaching – could be a combination of EA (the actual teaching or supervision involved) and/or RP) (eg with feedback component on the quality of supervision or mentoring or teaching); MO (using the data to measure the quality of supervision/mentoring/teaching results and improve on these)

Appendix 6: Sponsorship and activity guidelines for RACGP CPD approved activities

Activity guidelines

All Royal Australian College of General Practitioners (RACGP) approved continuing professional development (CPD) activities need to meet the following guidelines.

CPD representatives are required to check that any material or presentations do not contravene intellectual property and copyright laws

Providers must make the GP feedback form (Appendix 10) available to participants if a GP wishes to report any aspect of the activity directly to the RACGP.

When using PowerPoint presentations, speakers or facilitators of activities can use either the first or last slide to provide an introduction or background on their expertise.

Differences between a sponsor and a partnering organisation

Sponsorship exists when one organisation provides financial support to another to achieve promotional advantages. Sponsorship can come in the form of a cash exchange or a barter exchange involving products or services (for example, venue, catering, products). For RACGP CPD activities there are strict rules around when and how sponsors interact with GP attendees, content in education and access to information.

Partnership exists when two (or more) organisations share in the responsibilities, risks and outcomes of a business arrangement. Working together and sharing information are key components of a partnership and are determined on a case-by-case basis. If each of the organisations involved in the partnership are RACGP CPD providers, only one of the organisations will submit the activity notification. The RACGP requires partnered events to be co-branded and include both partners' logos with equal placing on invitations and in statements of attendance/completion.

Sponsors

An ethical relationship with sponsoring organisations concerning the delivery of education to healthcare professionals is essential. CPD activities accredited by the RACGP CPD Program must have as their primary purpose improving the quality of patient care.

Interactions between providers and sponsors, especially those dealing with therapeutic goods, are only appropriate if they do not affect, breach, distort or influence the GP–patient relationship. This guide aims to ensure the educational material covered within each CPD activity meets acceptable clinical and ethical standards. It applies to all sponsored RACGP CPD approved activities.

'Sponsorship' in the CPD Program's context includes any benefit transfer for an event in return for various rights to the sponsoring party. Sponsorship may involve financial, 'in-kind' or other support (such as free advertising, event promotion or hosting services). Sponsorship benefits may be received directly or indirectly. Their receipt may be the dominant reason for the sponsor's involvement, or merely an ancillary purpose.

'Advertising' in the CPD Program's context is any image or statement, or series of such (including as part of a campaign), intended to promote the use or supply of particular goods or services.

All providers must comply, and ensure their CPD representatives and sponsors comply, with this guide. The RACGP may decline (or withdraw, as appropriate) an activity if the provider fails to meet the requirements stipulated in this guide.

Sponsorship requirements

Providers must comply with a number of requirements.

- Education delivered to GPs must be developed completely independently of any sponsorship.
- The CPD Program will not accept activities with sponsor input into its design, development, content or delivery. The RACGP considers such input as a conflict of interest and a breach of the CPD Program's activity standards.
- Facilitators delivering the material must have independence. They must not be briefed by the sponsor or otherwise influenced with regard to how they present or deliver the education.
- Facilitators must declare to attending GPs any conflicts regarding payment, or other benefits or inducements from a sponsor, prior to delivering the CPD approved activity.
- Providers must declare how and by whom their activity is sponsored each time that activity is promoted, advertised or delivered.
- All education and CPD Program administration concerning participants must be handled by the provider and not the sponsor. This includes ensuring all components of the activity are completed by the participant.
- It is permissible for CPD providers to have their CPD activities promoted on pharmaceutical and/or other websites providing there is no advertising or promotion of any product within the CPD activity(s) and providing that registration details are collected only by the approved RACGP CPD provider.
- Providers must undertake, without sponsor input, all collection and collation of completed evaluation forms from participants, and integration with the RACGP's CPD Program systems (including uploading GP hours and activity reports). Providers may share de-identified evaluation outcomes with their sponsors upon request.
- Sponsor pop-ups, advertising, online resources or event flyers must include clear details of the activity and the provider's contact details. The sponsor's contact details must not be included, but their logo may be featured.
- CPD approved activities must not at any stage, either directly or indirectly, promote:
  - products by use of their brand or trade names (refer to 'Use of generic product names')
  - products or methods of treatment disproportionate to their normal contribution to high-quality patient care
  - products or methods of treatment in areas of clinical practice where accepted management standards are insufficient and a balanced rationale is not provided
  - theories and methods of treatment without the support of the medical profession, including by reason of inconclusive evidence of therapeutic benefits

  - techniques not accepted by a significant proportion of the medical profession, or not supported by accepted medical theory
  - therapeutic goods not authorised by the Therapeutic Goods Administration (TGA) for use in Australia.
- When there is uncertainty about an activity's clinical, scientific or ethical content, the RACGP reserves the right to seek clarification on the program design and evidence-based methodology. The RACGP may then decline (or withdraw, as appropriate) the activity if it fails to meet aspects of the CPD provider agreement.

Sponsor promotion

In connection with an activity, sponsors may deliver presentations concerning a therapeutic good.

- Such presentations must be an addendum and clearly separated from the CPD approved activity being delivered.
- Such presentations must be delivered before the CPD approved activity commences, during designated breaks or immediately after the activity finishes.
- Such presentations must be announced or introduced in such a way to ensure attendees are aware the sponsor's presentation is not part of the activity and it is not compulsory to attend.
- Such presentations must not be counted when determining the duration of a CPD approved activity and calculating the number of allocated CPD hours.
- Such presentations must only show sponsor logos and branding on either the first or last presentation slide.
- Presentations may be accompanied by trade displays, either preceding or following an activity, or during meal or break times.
- For face-to-face events, sponsors must not be in the room during the activity delivery, and must not be a virtual presence for online or virtual events such as webinars.
- Displays must not be integrated within the activity space and must be kept separate in all aspects, including by not incorporating trade materials into any activity's take-away content.

Sponsor logos may be included on the bottom of certificates of completion as long as the role of the sponsor is identified. The certificate must clearly display the provider details with all required CPD information.

Use of generic product names

Every drug has at least three names – chemical, generic (approved by the TGA) and brand. The chemical name describes the molecular structure of the drug. The sponsor usually selects the generic name (also known as the Australian-approved name), and the manufacturer or distributor of the drug usually selects the brand name.

Generic names must be used wherever possible within CPD Program sponsorship. If, for any reason, it is necessary and justifiable that a branded product be named for a specific contextual purpose, the product must be named once only, and the trade name of all other products in the same drug class must also be named and given equal prominence. This applies to all presentations or materials.

The RACGP recommends that the GP or medical specialist on the planning committee of the activity be the person to confirm the most appropriate use of names in any presentation or materials.

Entertainment, meals and beverages

Entertainment and meals must be separated from the focus of the activity and secondary to the activity content.

When compiling a session plan, adequate time for serving and consuming food and beverages must be provided. The RACGP recommends event organisers allow at least 15 minutes for morning or afternoon tea, and at least 30 minutes for lunch or dinner. This time must be deducted when determining the duration of an activity and in calculating the number of allocated CPD hours.

Compliance with regulatory requirements

All sponsorship must comply with all applicable provisions in:

- Medicines Australia's Code of Conduct
- the TGA's Therapeutic Goods Advertising Code
- the Therapeutic Goods Act 1989 and all codes or guides authorised under it
- all other relevant laws.

RACGP CPD Activity Guidelines

Checklist for CPD activities

Please check all CPD activity materials, including PowerPoint presentation, handouts, and any other relevant collateral to ensure the following:

Pharmaceuticals	
Generic names are used throughout	☐
There are no product or brand names of pharmaceutical products	☐
There are no images of bottles and/or containers displaying recognisable brand name or pharmaceutical company identifiers	☐
There are no links provided to pharmaceutical companies, distributors or producers	☐
There are no product disclosure statement links or documents supplied	☐
Validity of research	
Research used in designing the education is current and relevant (less than 10 years old) and is evidence based	☐
Research used in the design is independent and from reputable sources (eg RACGP, TGA)	☐
Sources of evidence are referenced with author, title, publication as well as website page links	☐

Additional considerations

Sponsorships	
All conflicts of interest are clearly stated and declared at the beginning of the presentation	☐
Sponsors have had no input into the design and delivery of the education	☐
Sponsors and their logos are only displayed or mentioned at the beginning or the end of the presentation	☐
Session materials do not contain any images of pharmaceutical products, brand logos or statements, product disclosure attachments, or links to documents of this kind	☐
Intellectual property and copyright law	
Ensure intellectual property and copyright regulations are applied when using others' resources as part of your education	☐
All images, graphs and other intellectual property are correctly attributed and are used with express permission from the copyright holder or are in the public domain	☐

Appendix 7: Evaluation template

All activities must be evaluated and the information used to improve the activity for future implementation.

The evaluation method should be developed in conjunction with planning the activity. The evaluation may require evaluating several perspectives (eg learner, facilitator, expert panel). Having a range of perspectives is important when reviewing the overall activity and will be useful in making any changes.

Providers are encouraged to reflect on their activity and how successful the design and delivery was in helping learners achieve learning outcomes.

Data from the evaluation of a Royal Australian College of General Practitioners (RACGP) approved activity must be summarised and reviewed, with recommendations for change if the activity is to be reimplemented.

2026–28 CPD Program Evaluation form template: Four mandatory questions that providers must include

[Title of activity] ☐

(Activity no. XXXXX, allocated xx CPD hours in the RACGP 2026-28 CPD program)

☐ [include venue details and activity date]

Name: ☐ RACGP No.: ☐

(Participant responses are optional and/or anonymous)

Mandatory Q1: Please rate to what degree the learning outcomes of the program were met:

At the end of this CPD activity, GP participants will be able to: (Please list all your learning outcomes below, add more rows as required)	Not met	Partially met	Entirely met
Learning Outcome 1	☐	☐	☐
Learning Outcome 2	☐	☐	☐
Learning Outcome 3	☐	☐	☐
Learning Outcome 4	☐	☐	☐
Learning Outcome 5	☐	☐	☐

Mandatory Q2: Please rate to what degree this CPD activity met your expectation about:

	Not met	Partially met	Entirely met
Content Current, contemporary, evidence-based, and relevant to general practice	☐	☐	☐
Comments:			
Delivery Engaging/interactive, eg with opportunity for questions and feedback	☐	☐	☐
Comments:			
For live presentations/facilitators Engaging, qualified/skilled and knowledgeable For eLearning: Learning Management System is user friendly and easily navigated to achieve learning outcomes.	☐	☐	☐
Comments:			

Mandatory Q3: Would you likely recommend this CPD activity to a colleague?

☐ Yes ☐ No ☐ Why

Mandatory Q4: Would you likely change anything in your practice as a result of this CPD activity?

☐ Yes ☐ No ☐ Why

[CPD representatives may include other questions within this form.]

Appendix 8: CPD statement of attendance or completion template

Provider logo (must be included)

Sponsor/partner logo (if relevant)

[All the following information must be included where applicable].

Statement of attendance or completion

[GP's full name]

[GP's RACGP member number]

Attended/completed the

[Approved activity title]

[Activity number]

This activity has been approved for the following hours and types.

[add below or insert RACGP hybrid activity logo with correct hours]

Educational activities (EA) hours

Reviewing performance (RP) hours

Measuring outcomes (MO) hours

This activity has been approved for:

[Procedural skills/cardiopulmonary resuscitation/rural procedural training grant/specific interest requirement]

Conducted by

[Provider name] on [Date/s]

[RACGP Approved Activity logo can be added also]

Appendix 9: CPD quality assurance and compliance framework for providers

Conduct of CPD quality assurance assessment

The Royal Australian College of General Practitioners (RACGP) undertakes regular monthly quality assurance assessment (QAA) of continuing professional development (CPD) activities to ensure compliance and to initiate quality improvement.

QAA is an audit function and is applied to a minimum of general practitioner (GP) CPD activities under the Australian Medical Council guidelines for CPD homes and CPD provider activities, promotional materials and administrative requirements.

QAA of a CPD activity may be undertaken to ensure alignment to RACGP CPD Activity Standards and the CPD provider Agreement, to review the appropriateness of activity hours assigned to a CPD provider activity or a GP's records, and/or to review information received through feedback or if requested by the RACGP.

Prompting QAA

QAA (Figure A9.1) will be conducted where potential risks to the quality of CPD or alignment to the RACGP CPD Activity Standards and the CPD provider Agreement are identified or may exist. QAA will also be conducted randomly across all CPD provider activity and GP records.

QAA review is to be initiated:

- for new CPD providers
- for CPD provider activities that are ≥20 hours' duration
- for CPD provider activities that meet all the Medical Board of Australia CPD activity types and/or hours in a single activity
- to investigate adverse member, participant, provider or staff feedback
- on a random selection of provider CPD activities for adherence to the RACGP CPD Standards, administrative requirements and operations or compliance as set out in the CPD provider agreement.

Conflict of Interest

Conduct of audits will be aligned with the RACGP Conflict of Interests and Related Party Transactions Policy.

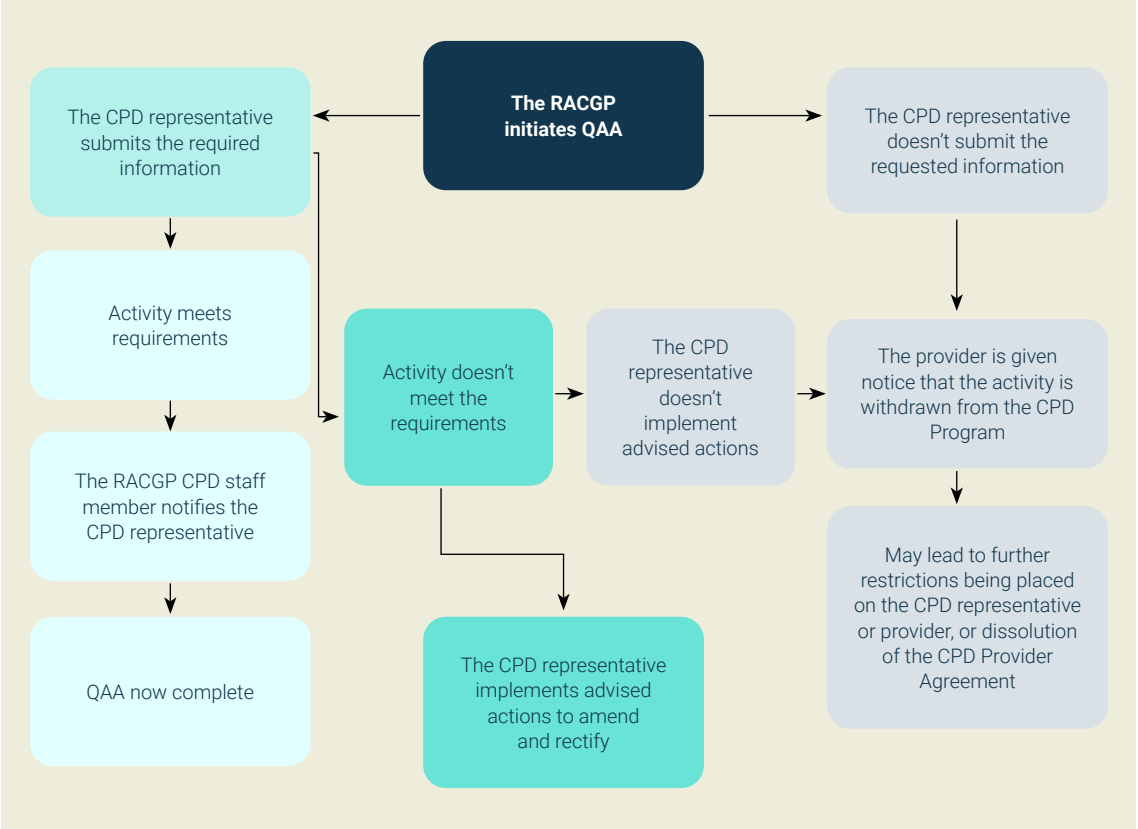


Figure A9.1. CPD Program quality assurance assessment (QAA) process

Conduct of the QAA for CPD provider activities

QAA generally requires a review of all activity materials, including presentations and the use of CPD Program branding. The materials are reviewed for consistency with the requirements of the CPD Activity Standards (Appendix 1), but other methods can also be used.

The following steps outline the RACGP's process for conducting a QAA and the requirements for compliance during and after.

1. Methods used to conduct a QAA

QAA may include any of the following:

- a request for activity materials
- an RACGP representative attending the activity
- a meeting with relevant provider representative/s to discuss aspects of the activity
- conducting a feedback questionnaire with GPs who have completed the activity
- a comparison of an activity against another similar provider activity
- a full CPD activity review.

2. Notification of a QAA

The RACGP CPD staff member will notify the respective CPD representative regarding provider QAA and the method/s that will be used to conduct it. If requested, the CPD representative must provide all written, visual or audio materials, including presentations, as well as online access to CPD activity content where applicable, within 10 working days of a written request, or as otherwise agreed to with the RACGP CPD staff member.

3. The QAA review

The review will be undertaken by the RACGP CPD staff member to determine whether the activity meets the CPD Activity Standards and the administrative requirements of the CPD Provider Agreement. Where required, it may be referred to senior CPD Program staff, National Clinical Lead – CPD and medical educator/s or subject matter expert/s.

4. Outcome of a QAA

Following a QAA, the RACGP will notify the respective CPD representative of the outcome in writing.

No action required

- The activity is consistent with the CPD Activity Standards and/or the CPD Provider Agreement and no further action is required.

Recommendations for improvement

- Recommendations for improvement of the CPD activity must be actioned within 10 working days of receipt of written notification, or by agreement with the CPD Program Coordinator. The CPD Program Coordinator will work with the provider to resolve any issues that may arise in relation to implementing the recommendations.

Revised promotion of a CPD activity

- The RACGP may publish a notice on its website advising GPs that the relevant CPD activity is under review and, until further notice, may not receive CPD Program recognition for hours.
- The provider is required to publish the same notice on their website.

Restriction of access to the CPD dashboard

- The provider will have restricted access to the CPD dashboard to submit activity notifications until completion of the QAA, and will not be able to resume access to notify of further CPD activities until it has received written approval from the RACGP.

5. Non-compliance with the QAA

CPD providers must cooperate in all required aspects of the QAA. Failure to adhere to the request for a QAA (eg by failing to provide materials upon request and within the specified time frame, or failing to comply with a request to meet or to implement the QAA recommendations) will result in restrictions being applied. Restrictions may include:

- suspension of approval of the activity, which will prohibit advertising the activity as an 'RACGP-approved activity'
- removal of permission to use RACGP CPD logos
- adjusted allocation of CPD hours to the activity
- suspended access to the CPD provider dashboard
- termination of the CPD provider agreement.

6. Appealing a decision

There are escalation points in all CPD decision processes and no one person will have authority to reject an application or place restrictions on CPD provider activity. However, if the provider wishes to appeal either the outcome of an application for approval of an activity or the outcome of a QAA, an expert panel may be convened to consider and review the decision (Figure A9.2). The provider will be asked to bear the costs to convene an expert panel. Further information is outlined in the RACGP complaints process.

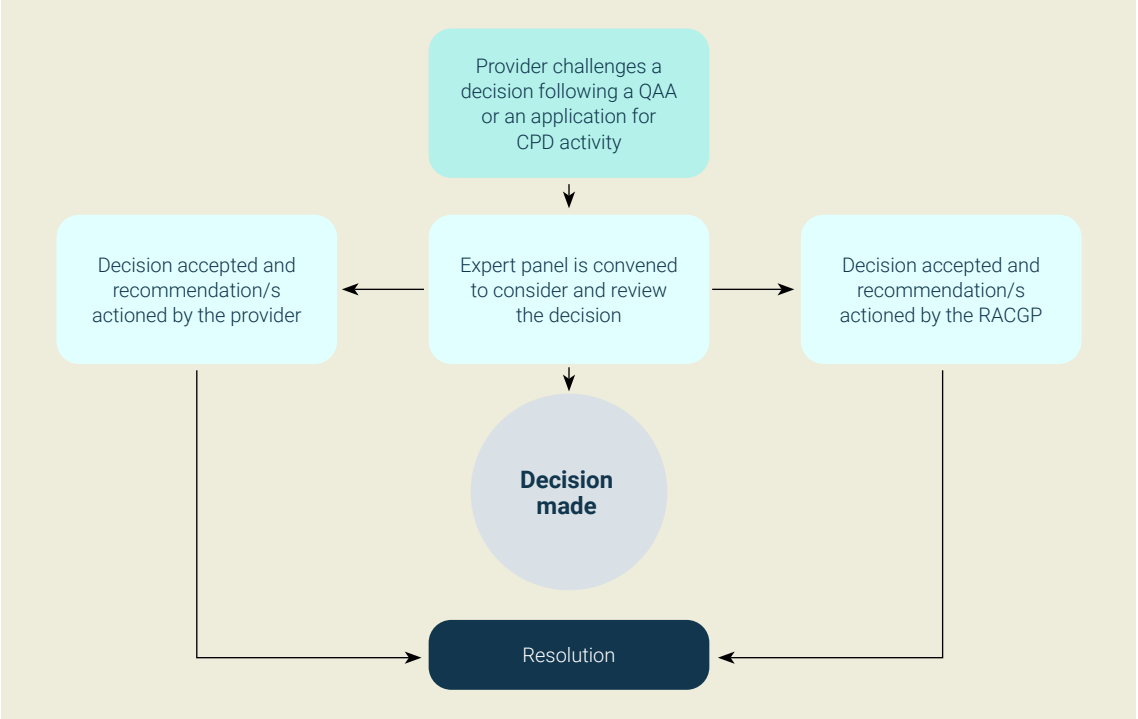


Figure A9.2. CPD Program investigation and review processes

The RACGP encourages GPs to provide feedback on their experience. The following are examples of the types of complaints that have resulted in initiation of a QAA.

A complaint may arise when:

- notification is received of a provider's failure to, for example, maintain proper records, advise the RACGP of participating GPs' entitlements to CPD hours for the relevant activity, issue statements of attendance/completion to participating GPs, or to provide the RACGP with the activity application or notification and the activity report within the required timelines
- a multiple-choice questionnaire is used to direct GPs to a particular product or service, or to a product manufactured or distributed by a sponsor, as the preferred method or treatment
- the promotional material for an activity may be perceived as exerting pressure on participating GPs to prescribe drugs manufactured or distributed by a sponsoring pharmaceutical or medical products suppliers
- the assessment of competency is insufficient for the teaching of advanced procedural skills, highlighting a potential risk to patient safety
- the activity has not been consistent, either in content presented or methodology, with advertising or as described on the RACGP Browse webpage.

Quality improvement

De-identified trends and data will be reviewed on a quarterly basis and results used for continuous quality improvement of the CPD Program.

RACGP CPD

Appendix 10

GP feedback to the RACGP

In confidence

Quality improvement is an integral component of the CPD Program and includes ongoing quality review of the activities delivered. Your responses can be used to give confidential feedback on any aspects of an activity in which you've taken part.

Please contact, or submit this form to, your local RACGP office if:

- the advertising was misleading, incorrect or didn't reflect the activity you attended
- there was a specific product, medical service or medical device promotion within the education content of the activity – for example, images, biased or unbalanced clinical data or specific product information
- the content presented wasn't evidence-based or had the potential to adversely affect the safety of patients
- you have any concerns about how the activity may reflect on the reputation of the RACGP.

Title

Full name / RACGP ID (optional)

Email

Phone

Date of activity

RACGP CPD activity ID (if known)

Title of activity (if known)

Provider name (if known)

Please tell us about your specific concern(s) (or attach as a separate page).
We'll use this information to initiate discussion with the CPD provider. Your personal information won't be disclosed.

Glossary

Term	Definition
application	A form submitted by the provider for approval of a CPD activity.
conflict of interest	Any situation where the provider's personnel who are participating directly in the CPD activities may benefit or be disadvantaged by the making of a decision. The benefit or disadvantage may be pecuniary or non-pecuniary, direct or indirect, and may be actual, potential or perceived.
CPD	Continuing professional development.
CPD Activity Standards	Standards and criteria that the provider must meet for the design and development of CPD approved activities.
CPD Approved Activity	An activity submitted by the provider that meets the RACGP CPD Activity Standards.
CPD Program	The continuing professional development program offered by the RACGP to GPs and other medical specialists.
CPD Provider Standards	Standards and criteria that stipulate the requirements for providers involved in the provision of CPD activities for GPs.
CPD representative	A nominated representative of the provider who manages the administrative and operational requirements of CPD approved activities, and may also develop and design activities.
CPD representative number	The identification number issued by the RACGP to the provider's nominated CPD representative.
CPD services	Services delivered to a provider when the RACGP reviews its activity application against the CPD Activity Standards to determine whether the activity is approved.
dashboard	The RACGP's digital environment that providers will use to facilitate and manage activities and administrative requirements for provision of CPD activities.
fees	The prescribed fees, including but not limited to, the annual fee, charged by the RACGP.
GP	A general practitioner with an active Australian general medical registration.
logo	Any image developed by the RACGP for identifying and publicising CPD approved activities.
Program Coordinator	A dedicated relationship manager, nominated by the RACGP, who provides advice, support and information about RACGP CPD resources and services.
Program Officer	A dedicated support staff member, nominated by the RACGP, who provides advice and support on operational issues.

provider	An organisation that meets both the CPD Provider Standards and CPD Activity Standards and has a current CPD Provider Agreement with the RACGP for the provision of CPD approved activities for GPs.
provider eligibility criteria	A self-assessment document providers must use to assess their eligibility as an RACGP CPD provider.
provider handbook	This document.
quality assurance assessment (QAA)	The RACGP's review of the provider's activities to maintain quality and performance standards for CPD activities.
sponsorship guidelines	The guidelines described in this provider handbook.
strapline	Prescribed text required by the RACGP for publicising CPD approved activities.
third-party material	Any material in which a third party owns the intellectual property rights.



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