



RACGP | QI&CPD Program

Handbook for general practitioners

2017– 19

www.racgp.org.au

**2017–19
triennium**

QI&CPD Program: 2017–19 triennium handbook for general practitioners

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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.

2017– 19



RACGP | QI&CPD Program

Handbook for general
practitioners

Acronyms

ACCHS	Aboriginal community controlled health service
AHPRA	Australian Health Practitioner Regulation Agency
ALM	Active learning module
ALS	Advanced life support
AQF	Australian Qualifications Framework
ARC	Australian Resuscitation Council
ARSP	Advanced rural skills post
ASGC–RA	Australian Standard Geographical Classification – Remoteness Area
CPD	Continuing professional development
CPR	Cardiopulmonary resuscitation
DRANZCOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
EAR	Education activity representative
EBMJC	Evidence-based medicine journal club
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship of The Royal Australian College of General Practitioners
GP	General practitioner
GPMHSC	General Practice Mental Health Standards Collaboration
HREC	Human Research Ethics Committee
NHMRC	National Health and Medical Research Council
NREEC	National Research and Evaluation Ethics Committee
PDSA	Plan, do, study, act
PLAN	Planning learning and need
QI&CPD	Quality improvement and continuing professional development
QI	Quality improvement
RACGP	Royal Australian College of General Practitioners
RPGP	Rural Procedural Grants Program
RTO	Regional training organisation
SCA	Supervised clinical attachment
SGL	Small group learning

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Introduction

The Royal Australian College of General Practitioners' (RACGP) Quality Improvement and Continuing Professional Development (QI&CPD) Program supports general practitioners (GPs) to provide the best possible care for patients and their communities. The QI&CPD Program recognises the need for ongoing education to improve the quality of everyday clinical practice by promoting the development and maintenance of general practice skills and lifelong learning.

Note: The requirements for the 2017–19 triennium were updated on 14 September 2018. This is the current version.

Continuing professional development and lifelong learning for Australian GPs

Continuing professional development (CPD) for medical practitioners includes a range of activities to meet individual learning that is relevant to their scope of practice, in order to maintain, develop, update and enhance knowledge, skills and performance to ensure that they deliver appropriate and safe care.¹

As adult learners, Australian GPs take responsibility for:

- undertaking personal learning to support their CPD
- identifying CPD needs throughout lifelong learning
- planning how those identified CPD needs should be addressed
- continuously reflecting on their individual professional standards, scope of practice and competencies
- shaping learning assessments according to individual professional needs and the needs of the communities which they serve.

In addition, a GP's CPD needs to promote quality systems-based approaches in the workplace and the teams in which they work.

GPs are also responsible for maintaining evidence that they are undertaking CPD.

QI&CPD Program objectives

The QI&CPD Program has been developed for the Australian general practice setting to:

- provide GPs with opportunities to improve patient safety and quality outcomes
- support continuous quality improvement within the general practice setting
- enable GPs to fulfil their individual and vocational CPD requirements.

The success of the RACGP's internationally recognised QI&CPD Program is due to the central role of GPs in its design, development and ongoing review. The RACGP supports a 'Healthy Profession. Healthy Australia' through the delivery and ongoing enhancement of its QI&CPD Program.

The RACGP QI&CPD Program assists Australian GPs to maintain and improve the quality of care they provide to patients, promotes care of the highest possible standard to the community and documents their learning achievements for their own records and to meet the needs of regulatory and accrediting bodies.

Educational underpinnings of the QI&CPD Program

The RACGP QI&CPD Program recognises that CPD activities are more likely to result in improved personal and patient outcomes if the learning:

- is self-directed
- is driven by the learner's identified needs
- is integrated into an individual's learning program
- encourages active participation
- considers the GP's prior knowledge, skills, behaviours and attitudes
- involves reflection and evaluation of what has been learnt.

Accredited activities within the QI&CPD Program are based on adult learning principles that integrate the GPs' prior experience, promote high clinical, scientific and ethical standards, and extend knowledge and skills that impact positively on the behaviour of GPs in relation to improved quality of patient care.

RACGP QI&CPD ensures that provider-led accredited activities are of a high quality and meet the needs of Australian GPs through the adherence to QI&CPD activity standards.

These activity standards provide the framework for consistency and quality in the planning, development, delivery and evaluation of QI&CPD accredited activities.

For more information on the QI&CPD Program activity standards, refer to Appendix 1.

Handbook overview

This handbook details the range of educational options offered by the RACGP QI&CPD Program for the 2017–19 triennium. All participants are required to undertake a range of different activities from across the domains and the RACGP's Curriculum for Australian General Practice 2016 (the Curriculum) to address their individual learning needs.

GPs are encouraged to utilise the [myRACGP web page](http://www.racgp.org.au/education/qicpd-program/cpd) to navigate to myCPD (www.racgp.org.au/education/qicpd-program/cpd) to access self-directed activities, track progress in meeting requirements and find accredited activities. GPs should contact their state QI&CPD unit for further advice and support regarding the program. Call toll free 1800 472 247 or refer to contact details for offices in each state, located on page 54 of this handbook.

QI&CPD Program requirements for the 2017–19 triennium

A part of the RACGP's commitment to continually evaluate and improve the QI&CPD Program, the 2017–19 triennium will include an increased focus on reflective learning practices.

A minimum of 130 QI&CPD points is required for the triennium, which must include:*

- two Category 1 activities, one of which must be a quality improvement (QI) activity
- a cardiopulmonary resuscitation (CPR) course.

The 2017–19 triennium commences 1 January 2017 and concludes 31 December 2019.



*The requirements for the 2017–19 triennium were updated on 14 September 2018. These are the current requirements.

QI&CPD Program activities

Activities available for GPs in the 2017–19 triennium

Category 1 activities	Category 2 activities
QI activities (40 points)	CPR (five points)
<ul style="list-style-type: none"> Planning learning and need (PLAN) Clinical audit Plan, do, study, act (PDSA) cycles Small group learning (SGL) Evidence-based medical journal club (EBMJC) Supervised clinical attachment (SCA) General practice research 	
	Other Category 2 activities (two points per hour, capped at 30 points)
	<ul style="list-style-type: none"> Cultural awareness training Accredited activity provider activities
Other Category 1 activities (40 points)	Self-directed Category 2 activities
<ul style="list-style-type: none"> GP self-directed active learning modules (ALMs) Educator ALM Accredited activity provider ALM Peer-review journal article 	<ul style="list-style-type: none"> Two points per hour, capped at 20 points per triennium
Higher education	QI reflection (five Category 2 points)
<ul style="list-style-type: none"> Graduate certificate courses (60 points) Graduate diploma courses (90 points) Master's degree (120 points) PhD (150 points) <p>These courses need to be relevant to general practice, and the organisation and course must be accredited by the Tertiary Education Quality Standards Agency (TEQSA) or equivalent</p>	<ul style="list-style-type: none"> Five points per reflection, capped at 15 points per triennium
RACGP Fellowship (150 points)	
<ul style="list-style-type: none"> Fellowship of the RACGP (FRACGP) Fellowship of Advanced Rural General Practice (FARGP) 	

What is different in the 2017–19 QI&CPD requirements and why?

The RACGP is increasing the focus on reflective learning practices in the 2017–19 QI&CPD Program for improved learning and CPD accountability.

To support GPs to meet and document this requirement, the RACGP is introducing a reflective learning activity – the planning learning and need (PLAN) QI activity.

The PLAN QI activity will further support GPs on their educational journey, providing improved capacity to structure ongoing learning for their professional aspirations and the services required to meet the evolving needs of their patients and the community.

Reflective learning practices promote effective learning and better patient outcomes

Reflection in professional practice enables GPs to modify their learning according to their practical and professional experience in an ongoing iterative process.

As learning from CPD becomes applied to practice, reflective learning enables GPs to test how relevant, useful and appropriate their learning is to everyday practice, and accordingly, revise any learning needs.

Reflective learning practice requires ongoing observation and evaluation of professional skills and community needs through a process of critical thinking and examination.

The deliberate process of reflective learning promotes deep and effective learning with the ultimate aim of supporting high quality and safe practice tailored towards the GP's scope of practice and community.

PLAN activity — Helping GPs to meet the needs of their patients and community

The QI&CPD PLAN activity is an evidence-based approach to assist a GP to map out and document their learning needs with respect to their practice presentation demographics, community needs and professional requirements for work in general practice.

A PLAN activity may include, but is not confined to, clinical skills, practice management, research skills and/or teaching skills by documenting:

- what the GP needs to learn and why
- evidence they have achieved their learning goals.

A PLAN activity recognises that GPs' learning needs may change according to many factors, including the changing and evolving nature of general practice and broader medical care, the GP's career history, including clinical experience (eg types of clinical medical practice), local practice demographics and significant life events, such as a break in practice (eg parental leave) or a change in areas of practice.

As part of the 2017–19 QI&CPD Program, the PLAN activity provides a flexible online template that can assist GPs in developing an analysis of skills and knowledge for the triennium.

QI&CPD Program participants are advised to complete the self-reflection section of the PLAN activity early in the 2017–19 triennium. The complete PLAN activity needs to be submitted by 31 December 2019.

To complete the PLAN activity, see the relevant section under Category 1 activities on page 17.

QI&CPD Program participation

CPD is a professional obligation of all medical practitioners.

Full-time and part-time GPs have the same QI&CPD Program requirements for full-time or part-time participants, as the required standard of practice is the same for all participants, regardless of the fraction of time worked as a GP.

CPD is a registration requirement of the Medical Board of Australia, including GPs taking a leave of absence from clinical practice (refer to www.medicalboard.gov.au/Registration-Standards.aspx).

In addition, Australian GPs who are required to demonstrate participation in CPD include GPs requiring practice accreditation and GPs seeking visiting medical officer credentials with local hospitals, particularly in rural areas.

GPs who are on the Medicare Vocational Register or Fellows list, or who are recognised as other medical practitioners, are required to demonstrate participation in CPD in order to maintain their eligibility for A1 Medicare rebates.

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

Annual participation fees

The QI&CPD Program participation fee for each year reflects the costs of conducting a program for GPs across Australia. The program's administrative tasks are more complex and extensive than the collection of activity attendance data related to the allocation and recording of CPD points for the production of GP credit point statements. These tasks include:

- development of activity standards for education providers in order to ensure that GPs have access to high-quality educational activities
- implementing quality assurance assessment processes to review educational providers regarding the best ways to improve aspects of their educational activities, in order to ensure ongoing quality
- quality assurance and adjudication of individual activity submissions
- development and implementation of a range of quality learning tools and resources to assist GPs
- providing access to high-quality educational activities, both nationally and within state faculties
- addressing the diverse interests of Australian general practice and its GPs in order to ensure a wide choice of activities
- maintenance of an accurate and current database of participating GPs, including updating changes of status and recording periods of inactivity, with respect to Medicare recognition status and providing CPD exemptions for these periods
- provision of newsletters and information sessions
- updates to and ongoing maintenance of the QI&CPD website and [myRACGP](#)
- evaluation of the QI&CPD Program for continuous improvement.

All GPs who participate in the QI&CPD Program are required to pay the annual fee. RACGP members pay annual subscription fees, which cover a range of benefits and services including QI&CPD Program participation. For more information on RACGP membership options, call 1800 472 247.

Enhancing patient care through QI activities



The RACGP's Standards for general practices (4th edition), describes a QI activity as an activity undertaken within a general practice setting where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice.²

The Standards for general practices encourages QI and enables practices to identify opportunities to make changes that will improve patient safety and care.

The 2017–19 triennium focused on reflective learning practices with the aim to improve educational processes and patient outcomes through the introduction of the PLAN activity (refer to page 17).

There are also other QI activities available that GPs are encouraged to complete, including the regular monitoring of the practice's structures, systems and clinical care.

Improvement needs to be based on the practice's own information and data that can be collected in a number of ways, including patient and staff feedback and audits of clinical data.

All practice staff members need to have the opportunity to contribute to the practice's QI activities.

Activities that facilitate review and evaluation of GPs' own practice include:

- PLAN
- SCA
- PDSA
- clinical audit
- general practice research
- EBMJC
- SGL

Systems-based approach to patient safety

The QI&CPD Program promoted patient safety through the implementation of appropriate systems as an integral part of all accredited activities. A systems-based approach to patient safety considers factors within general practice that may cause harm, such as the absence of processes and systems within a practice.³

The RACGP requires developers of accredited activities to identify effective risk management strategies⁴ within the GP's practice systems, to promote improvement of patient quality care and safety as they relate to the education being provided. Accredited activity learning outcomes must include at least one outcome that focuses on a systems-based approach to patient safety.

Activity design components

The 2017–19 triennium specifies that all Category 1 and Category 2 accredited activities require the following mandatory design components in order to meet the standards stated in Appendix 1:

- The primary outcome must be to improve the quality of patient care.
- Accredited activity content must be relevant to GPs and general practice.
- Planning and development of the accredited activity must involve GPs medically registered with AHPRA.
- Planning must include an evidence-based needs assessment to validate the education activity.
- The education activity must have learning outcomes that are informed by the evidence-based needs assessment.
- All content (including reading material and references) must meet the highest ethical, clinical and educational standards, as well as the objectives of the QI&CPD Program.
- All content (including reading material and references) must demonstrate critical appraisal of valid evidence and be supported by accepted medical theory regarding techniques to improve patients' health outcomes, including a balanced appraisal of alternative treatment options for any condition.
- The use of interactive presentation and engagement modes must be appropriate for the content to be delivered.
- All content must account for prior knowledge, skills, attitude and behaviour of GP learners.
- All content must address a systems-based approach that can be applied within a GP's practice to improve patient safety.
- All content is mapped against one or more domains, competency outcomes and contextual units according to the Curriculum.
- The learning environment must promote the fulfilment of stated learning outcomes.
- Relevant content must represent more than 50% of the activity in order to be eligible for a specific requirement.
- GPs who attend or participate are provided with an evaluation form at the end of the activity.
- The 'QI&CPD GP feedback' form is available to GPs at the time the activity is delivered.
- An activity report is submitted to the RACGP upon completion of the accredited activity.

Linking the curriculum and domains to the QI&CPD Program

The RACGP Curriculum details what vocational GPs need to learn throughout their general practice learning. It details the knowledge, skills and attitudes that GPs require for:

- competent, unsupervised general practice
- meeting their community's healthcare needs
- supporting current national health priorities and the future goals of the Australian healthcare system.

The Curriculum emphasises self-directed learning, the development of critical self-reflection and lifelong learning skills, and the maintenance of professional practice standards.






The addition of the Core skills unit to the Curriculum is designed to assist the RACGP, regional training organisations (RTOs), QI&CPD providers, specific interest groups, general practice supervisors and others in designing learning programs, courses and assessments to meet the stated outcomes and criteria.

In conjunction with the RACGP's *Competency profile of the Australian general practitioner at the point of Fellowship* (www.racgp.org.au/education/competency), the Core skills unit provides guidance for those who assess overseas doctors on alternate pathways and doctors wishing to be recognised as eligible for the FRACGP.

The five domains of general practice

The five domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every patient consultation.

The five domains have been expanded by the addition of the core skills that sit beneath them. The relationship between the domains and core skills is quite clear.

	Domain 1	Communication skills and the patient–doctor relationship (eg communication skills, patient-centredness, health promotion, whole-person care)
	Domain 2	Applied professional knowledge and skills (eg physical examination and procedural skills, medical conditions, decision making)
	Domain 3	Population health and the context of general practice (eg epidemiology, public health, prevention, family influence on health, resources)
	Domain 4	Professional and ethical role (eg duty of care, standards, self-appraisal, teacher role, research, self-care, networks)
	Domain 5	Organisational and legal dimensions (eg information technology, records, reporting, confidentiality, practice management)

The five domains of general practice provide a comprehensive and robust framework for ensuring the key skill areas of general practice are included in education and RACGP.

All accredited activities must be mapped to the Curriculum. This process involves finding the appropriate domains of general practice, selecting one competency outcome listed under that domain and selecting one or more contextual areas that will be covered in the education. Refer to Appendix 2 for further information.

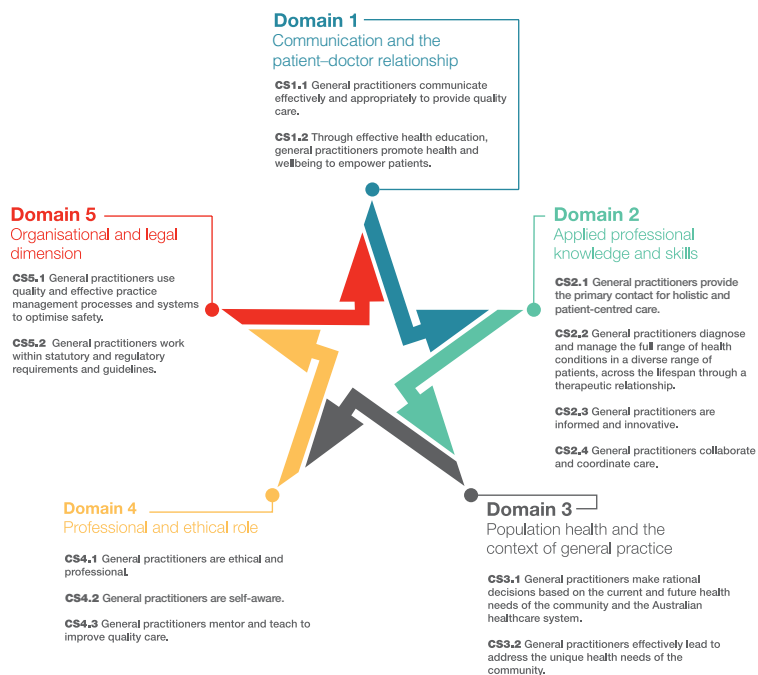


Figure 1. Core skills – the star of general practice, reproduced from the RACGP's 2016 *Curriculum for Australian General Practice* – Core skills unit

Quality assurance assessment process

The primary purpose of all activities accredited by the RACGP QI&CPD Program is to improve the quality of care provided to patients. The QI&CPD Program provides GPs with access to the highest quality education and utilises a quality assurance process to maintain these high standards.

Continuing quality assurance assessment of accredited activities is integral to the RACGP QI&CPD Program.

Quality assurance of provider accredited activities

The quality assurance assessment process may be initiated:

- when the RACGP receives a complaint about an accredited activity
- as a result of a random audit made by the RACGP
- where at least 10% of all accredited activities will be selected for quality assurance assessment over the triennium
- when an activity contains previously appropriate content, including medical procedures and/or practices, that is no longer regarded as safe or advisable
- when the content of an accredited activity may not be evidence-based or is controversial.

These examples do not represent an exhaustive list and the RACGP may undertake a quality assurance assessment of an accredited activity at any time.

GP feedback on education activities

The RACGP encourages GP's who participate in accredited activities to provide feedback of positive, high-quality education experiences.

Alternatively, GPs who have concerns about the quality or conduct of a QI&CPD Program accredited activity are encouraged to complete the 'GP feedback form' or report their concerns to their state QI&CPD unit.

Visit the RACGP website for more information on GP feedback and the quality assurance assessment process.

Quality assurance of GP self-directed activities

The RACGP provides GPs with access to [myRACGP web page](#), where they can navigate to myCPD and submit a record of their participation in CPD activities. Prior to submission of the form online, GPs must complete the following:

I declare to the RACGP:

I have completed this activity, and to the best of my knowledge it has been conducted and completed in accordance with the relevant RACGP QI&CPD Program requirements, educational standards and criteria.

The information I have provided in this document is accurate and correct.

I understand and acknowledge that the RACGP reserves the right to withdraw recognition of the activity if in the opinion of the RACGP the activity does not meet the QI&CPD Program requirements, educational standards and criteria.

The RACGP regularly conducts a quality assurance assessment of individual GPs' self-directed activities.

Using myRACGP to navigate to myCPD

www.racgp.org.au/education/qicpd-program/cpd



TRACK YOUR POINTS

Your own personalised dashboard, which allows you to track your ongoing progress.



QUICK ACCESS

Find education quickly and access a diverse range of QI&CPD accredited activities.



VIEW YOUR STATEMENT

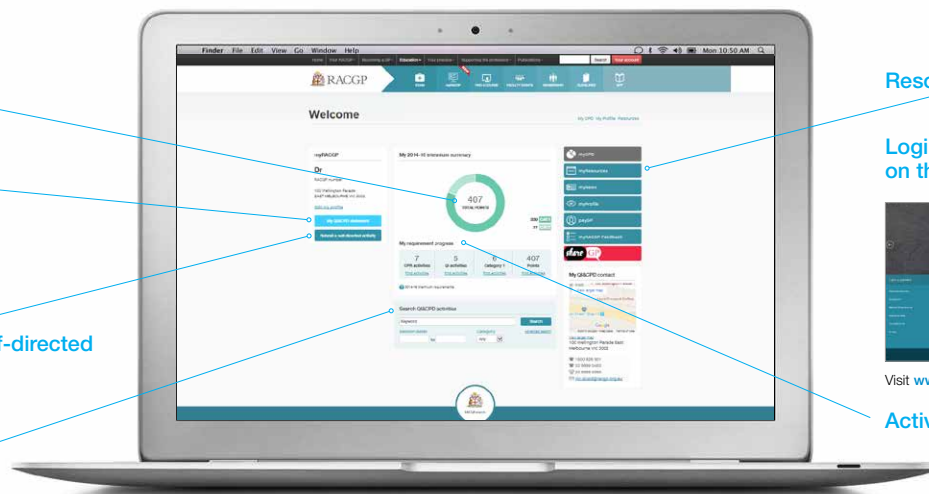
View your QI&CPD credit point statement for the current and previous triennium.

My points

View and print your statement

Submit a self-directed activity

Search



Resources

Login via 'My Account' on the RACGP homepage



Visit www.racgp.org.au to login

Activities summary

Category 1 activities

Planning learning and need (40 Category 1 points)



The planning learning and need (PLAN) activity is a means by which a GP can map out and document their learning needs with respect to their professional work in general practice.

A PLAN activity may include, but is not confined to, clinical skills, practice management, research skills and/or teaching skills.

A PLAN activity documents:

- what the GP needs to learn
- why they need to learn it
- how they are going to learn it
- evidence they have achieved their learning goals.

A PLAN activity recognises that GPs' learning needs change according to many factors, including:

- the changing and evolving nature of general practice and broader medical care
- the GP's career history, including clinical experience (eg types of clinical medical practice)
- local practice demographics
- significant life events, such as a break in practice (eg parental leave) or a change in areas of practice.

The RACGP QI&CPD Program provides a template that can assist GPs in developing an analysis of skills and knowledge. It is recommended that GPs develop such an analysis at the beginning of a triennium. The PLAN activity is available online by visiting the myCPD webpage.

Criteria specific to PLAN activities

PLAN activities must:

- use the GP's current practice as the basis of learning
- identify potential areas for skill improvement in meeting the general practice needs of the GP's current practice population
- assist the GP to make informed choices about their education needs
- assist the GP to integrate theory and practice into their work
- enhance the GP's motivation to learn and to ask appropriate questions of themselves and others
- encourage the GP to regularly review their learning needs
- encourage the GP to share their learning experience with peers.

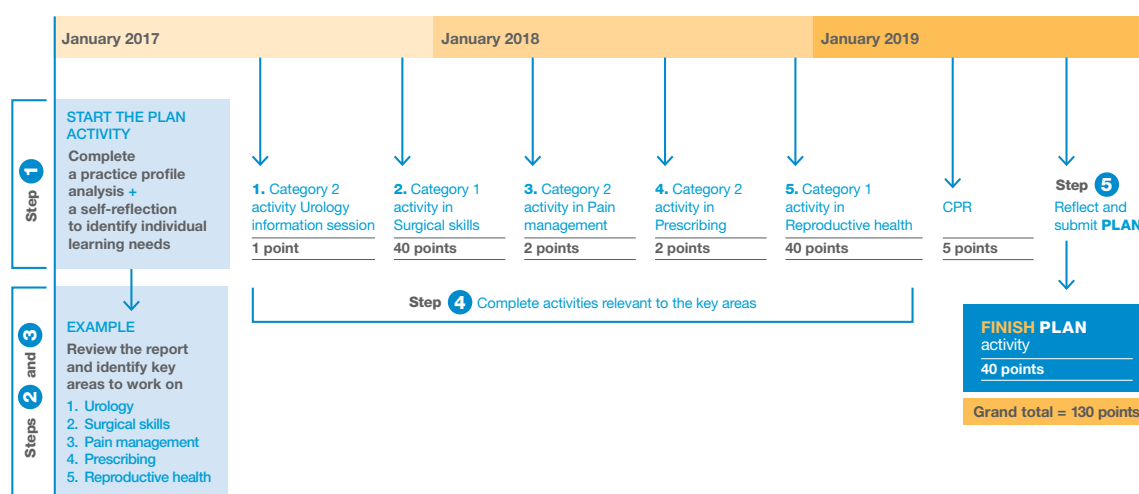
Steps to complete the NEW online **planning learning and need (PLAN)** activity



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An example of the **planning learning and need (PLAN)** activity

Login to myRACGP → select myCPD → select **PLAN**



Small group learning (40 Category 1 points)



Small groups are an ideal format in which GPs can share their knowledge and discuss daily practice with peers. Small group learning (SGL) is designed to maximise the benefits of working and learning together in a small group educational setting.

SGL utilises peer support, interaction and reflection to enhance participants' clinical competence, knowledge, skills, attitudes and performance. A skilled group facilitator can help people to stay focused and effectively deal with group dynamics, and allow participants to take ownership of the process. This increases the likelihood of members having a positive and rewarding learning experience.⁵

Evidence shows that motivation is high and more likely to result in changes in clinical practice when learners have the opportunity to select topics relevant to their own practice and measure their practice against that of their peers.

The cycle may be completed over a short period, but may also span over the three years of the triennium, depending on the needs of participants. This model may be conducted as a face-to-face meeting or by using teleconferencing/videoconferencing for remote participants.

Criteria specific to SGL

SGL must:

- include a minimum of six hours of educational content (excluding planning meeting, review meeting, meal breaks and other networking activities)
- include a minimum of two GP participants and a maximum of 12 total participants (SGL can include other health professionals in addition to GPs)
- ensure the duration of each meeting is at least one hour
- have a facilitator
- convene and document a planning meeting and a review meeting
- include group QI reflection.

There must be evidence that the GP attended the planning meeting, the review meeting and at least six hours of education activity in order for them to be eligible for the available 40 Category 1 points.

Steps in developing an SGL

GPs must:

1. identify interested participants
2. identify a group facilitator and a person to organise the group (this can be the same person and the facilitator role may be rotated within the group)
3. ensure each participant reflects on his/her personal learning needs and identifies them in relation to this group prior to the planning meeting
4. ensure all participants attend the planning meeting, which should include review of the issues and options for the group, and the development of a program of CPD activities (topics, dates) that reflects participants' personal learning needs (consider the group QI reflection questions when planning)
5. undertake the program of activities, ensuring attendance records and a meeting summary are kept for each meeting
6. ensure all participants attend the review meeting at the end of the cycle in order to reflect on the outcomes for the group (it is important to determine a response to the group QI reflection questions)
7. ensure the facilitator/organiser arranges for completion and submission of the SGL application form.

Evidence

In addition to the online form, GPs must provide:

- attendance list for each meeting, including the planning meeting and the review meeting
- meeting agenda and minutes, showing duration, topics, presenters, etc.

Supervised clinical attachment

(40 Category 1 points)



Supervised clinical attachment (SCA) is a period of attachment with a health professional (supervisor) who is an expert, or with someone with highly developed skills, in a specific field of healthcare (eg anaesthetics, women's health, surgery, obstetrics, etc). It is designed to provide an individualised and hands-on learning experience, where the examples, scenarios and problems come in the form of real cases.

It is suitable for GPs who have identified a particular skill/knowledge they wish to upgrade or develop. SCA is an opportunity for GPs to use the supervised environment to investigate, learn and increase knowledge and skill in a manner that is unique to them.

The contact hours can be delivered face-to-face or in combination with other media, such as videoconferencing/teleconferencing, case study discussions over the phone and email, or online discussion groups.

A supervisor with the relevant expertise, knowledge and skill must be appointed to conduct the SCA.

Criteria specific to SCA

SCA must include:

- a minimum of 10 hours of contact time
- the name and qualifications of the supervisor
- session summaries, including details of each session using only de-identified patient data
- completion of the QI reflection form.

Steps in developing an SCA

GPs must:

1. identify a particular skill or area to develop or upgrade, as well as an appropriate health professional willing to act as a supervisor
2. discuss expectations with the supervisor, including:
 - a. opportunities to observe patient care and to practice specific skills (eg psychological treatment, specific procedural skills)
 - b. an open and unbiased discussion of cases and treatments, which could take the form of end-of-session debriefs or reviews
3. discuss and arrange attachment sessions (date, time and method/s) with the supervisor
4. identify specific learning outcomes/aims that support consistent application of skills and knowledge, and provide a copy of the learning outcomes to the supervisor to aid planning and evaluation
5. complete a summary for each SCA session with the supervisor for up to at least 10 hours of attachments
6. complete the SCA application form via the [myRACGP web page](#) navigating to myCPD, upon completion of the whole SCA – this must include relevant documentation (ie supervisor details and sessions summary).

Evidence

In addition to the online form, GPs must document and retain:

- name, qualifications and contact details of the supervisor
- completed session summaries.

The plan, do, study, act cycle (40 Category 1 points)



The plan, do, study, act (PDSA) cycle is a systematic series of steps for gaining valuable learning and knowledge aimed at the continual improvement of a product or process. It is used in implementing a planned improvement or change by breaking them down into small manageable parts and testing each change to make sure things are improving and no efforts are wasted.

PDSA can be used to quickly and easily test suggestions for improvement, based on existing ideas and research or through practical ideas that have been proven to work elsewhere. It is a cyclical model because the benefit is not always achieved in one cycle, which means the process can be refined and the cycle repeated.⁶

PDSA cycles can be undertaken by an individual GP or practice/multidisciplinary team. Individual GPs can choose to undertake PDSA cycles related to practice improvements or improvement of individual clinical knowledge and skills. Practice or multidisciplinary PDSA cycles are those that focus on improving the capability of the practice to deliver quality patient care, thus improving the quality, safety and performance of the practice (ie meeting RACGP standards, improving systems and processes, etc).

A designated facilitator is recommended for practice or multidisciplinary team PDSA cycles.

PDSA cycles can be developed in a number of areas, such as:

- identifying patients with heart disease⁷
- providing smoking cessation advice to pregnant women
- recording patients' allergy status
- reducing the number of demands for repeat prescriptions by telephone.

Criteria specific to PDSA

PDSA must include:

- completion of a minimum of two cycles
- completion of the QI reflection form.

Steps in developing a PDSA cycle

GPs must:

1. select a leader/facilitator and identify the members of the group in practice or multidisciplinary team PDSAs
2. undertake a planning and development meeting, which may be conducted via face-to-face, videoconferencing/teleconferencing or a combination of both. GPs should discuss the following questions and record the responses:
 - a. What am I/we trying to accomplish? (state the aims/expected learning outcomes)
 - b. How will I/we ensure privacy and confidentiality if patient records are involved?
3. carry out the first PDSA cycle (refer to Figure 2 as a guide)
4. develop the second and subsequent PDSA cycles as required
5. complete the QI&CPD PDSA application form via the [myRACGP web page](#) navigating to myCPD, including the QI reflection form, and attach relevant supporting documentation (eg adherence to privacy and confidentiality measures where patients' records or information is required).

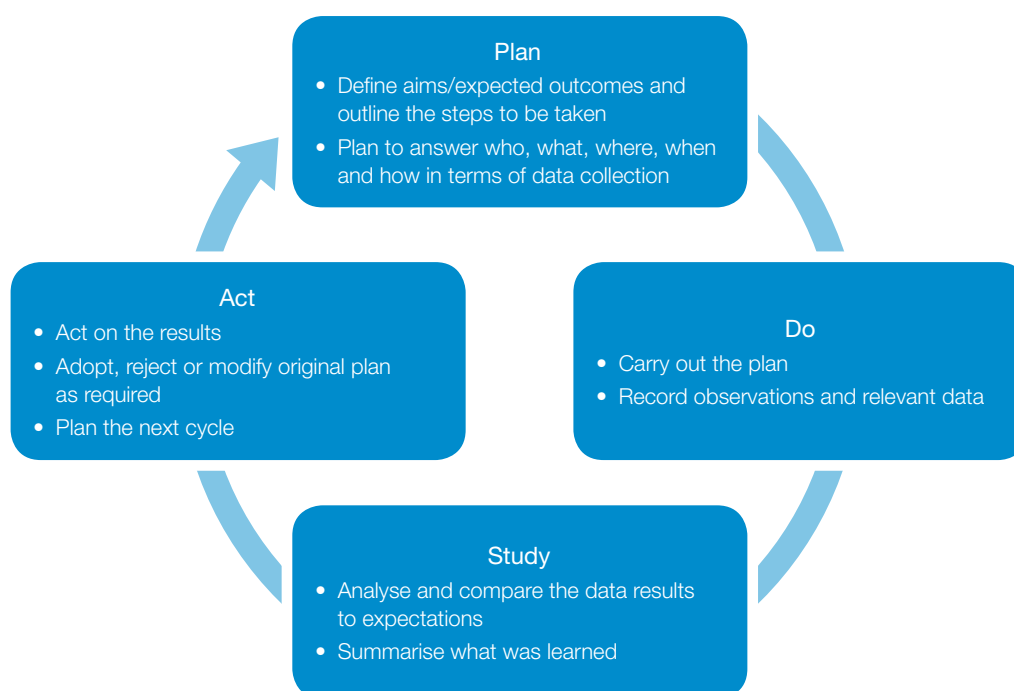


Figure 2. PDSA model

Clinical audit

(40 Category 1 points)



A clinical audit is a planned medical education activity designed to help GPs systematically review aspects of their own clinical performance against defined best practice guidelines, criteria or standards. Clinical audits improve the quality of care provided by medical practitioners.⁸

A clinical audit has two main components:

- an evaluation of the care provided by an individual GP, a group of GPs or a multidisciplinary practice team
- a QI process.

Evidence-based medicine research supports that a clinical audit is more likely to result in changes in GPs' behaviour and improvements in practice than didactic medical education methods.

Clinical audits can either be conducted over fixed time duration or based on patient numbers, depending on the prevalence of the condition or audit topic. Collection and collation of data may be paper-based or done online, and feedback mechanisms may be paper-based, face-to-face or online.

A clinical audit must consider ethical, privacy (*Privacy Act 1988*) and confidentiality issues relating to patient information, where applicable.

Refer to the Office of the Australian Information Commissioner (www.oaic.gov.au) for more detailed information on privacy.

Criteria specific to a clinical audit

A clinical audit must include:

- completion of the five steps of the audit cycle
- completion of the QI reflection form
- Human Research Ethics Committee (HREC) approval if required

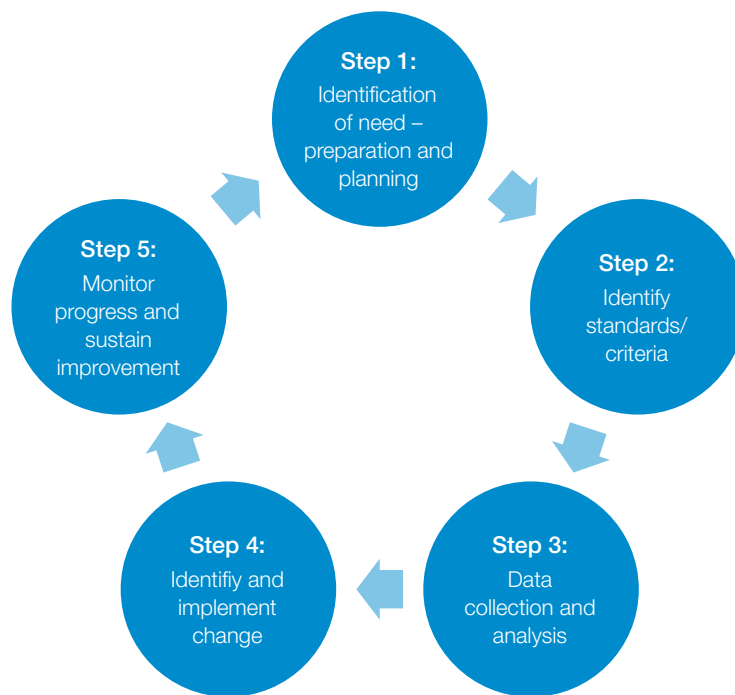


Figure 3. Clinical audit cycle

Steps in completing a clinical audit

GPs must:

1. identify a particular topic that it is a priority for the practice or for everyone involved in the group, set the aims/expected learning outcomes and discuss and develop a plan
2. identify the relevant standards/criteria or best practice guidelines against which to measure the audit
3. collect and analyse data
4. identify and implement change/improvement
5. monitor progress and sustain improvement
6. complete the clinical audit application form via the [myRACGP web page](#) navigating to myCPD, upon completion of the five-step cycle, and attach relevant documentation, such as clinical audit plan/information, including:
 - a. number of patients required and data collected
 - b. data collection and analysis method
 - c. relevant standards/criteria or best practice guidelines against which to measure the audit
 - d. changes or improvements implemented.

Evidence

In addition to the online form, GPs must document and retain a copy of HREC approval, if required.

Evidence-based medicine journal club (40 Category 1 points)



Evidence-based medicine journal clubs (EBMJC) encourage GPs to take note of clinical questions that arise in daily practice and to follow up by researching evidence, thereby assisting GPs to relate evidence directly to clinical practice. It has been shown that EBMJCs are more successful in changing GP behaviour and improving patient care than more traditional journal clubs, which discuss recent articles without directly focusing on clinical relevance.⁹ When an EBMJC is based on individual patient cases, used as part of an evidence-gathering process and discussed with colleagues, it offers an attractive quality improvement activity with variety, currency and immediacy.

Criteria specific to EBMJC

An EBMJC must:

- include a minimum of six hours of educational content (excluding planning meeting, review meeting, meal breaks and other social networking activities outside the education)
- include a minimum of two GP participants and a maximum of 12 total participants (EBMJCs can include other health professionals in addition to GPs)
- have a meeting duration of at least one hour
- ensure each GP participant completes one literature review (from peer-reviewed journals) and presents the results to the group
- have a facilitator
- convene and document a planning meeting and review meeting
- include group QI reflection.

Each EBMJC must record:

- the attendance of each meeting
- the clinical questions discussed
- reflections on aspects of practice systems that could be improved based on learning derived from journal articles
- a summary of the outcomes for each meeting.

In order to be eligible for 40 Category 1 points, there must be evidence that the GP attended the planning meeting and review meeting, and at least six hours of education activity.

Steps in developing an EBMJC module

GPs must:

1. identify interested participants
2. identify a group facilitator and organiser (this can be the same person)
3. ensure each GP participant maintains a log of potential questions that arise in their clinical practice and bring their questions for discussion
4. ensure all participants attend the planning meeting, reviewing the proposed questions and developing a program of activities (topics, dates, etc) – the group should agree on questions to be discussed and nominate a member for each clinical question, and consider the group QI reflection questions in the planning stage
5. ensure each group member completes a literature search in order to answer their allocated clinical question and presents findings at their scheduled meeting
6. ensure the nominated member distributes the relevant papers to the group at each meeting, explaining the clinical background – the group must:
 - a. discuss results of the search and papers chosen for discussion
 - b. discuss and critically appraise each paper
 - c. determine how the results might enable change in clinical practice at either an individual or whole-of-practice level
 - d. document the outcomes of the session (this cycle is repeated at each subsequent meeting until all GPs have presented their session, leading to a minimum of six hours of meetings)
7. ensure all participants attend the review meeting at the end of the cycle in order to reflect on the outcomes for the group, and determine a response to the group QI reflection questions
8. ensure the facilitator arranges for completion and submission of the EBMJC application form.

Evidence

In addition to the online form, GPs must document and retain:

- an attendance list for each meeting, including planning and review meeting
- a meeting agenda and minutes showing duration of meetings, topics, presenters, references, etc.

General practice research (40 Category 1 points)



Research is a process of asking questions within the framework of existing knowledge and seeking answers following a systematic approach, which includes:

- obtaining appropriate information in an ethical, transparent and reproducible manner
- appropriately analysing the information
- drawing conclusions on the basis of the validity and reliability of the information and meaning of the results, and comparing these results to other studies
- disseminating the implications widely, including to those who may affect change.⁶

The spectrum of research activities is wide and can include evaluation studies, intervention studies, clinical audits, large scale multicentre clinical trials, and patient satisfaction studies.⁹

General practice research aims to solve the problems that arise within the specific context of general practice. It is important in identifying gaps in the evidence GPs need for making decisions and provision of the highest quality patient care.⁶ It is important that research is undertaken in the Australian general practice setting, ensuring that research is relevant, applicable and manageable within the average practice for Australian patients.

Participating in research offers many benefits for GPs, such as:

- access to the latest evidence
- opportunities to collaborate with or be mentored by other general practice researchers
- opportunity to refine research writing skills.

Research may be funded, seeking funding or unfunded and must have the necessary HREC approval where appropriate.

GPs can participate as either principal investigators or as participants in a group-based research. Both are eligible for Category 1 points and the mandatory QI requirement in the QI&CPD Program.

Criteria specific to principal investigator

Principal investigators must:

- obtain HREC approval as required
- document the research proposal, report and dissemination
- complete the QI reflection form.

Steps specific to principal investigator

Principal investigators must:

1. define the research question
2. design the research study and/or write the research funding proposal, detailing GP participants as required
3. obtain ethics approval (as required) for the research study from an HREC constituted under National Health and Medical Research Council (NHMRC) guidelines (eg RACGP National Research and Evaluation Ethics Committee [NREEC])

4. implement the research module for research participants
5. conduct the research within ethics parameters and be involved in, or supervise, the analysis of the collected data
6. provide a report of the findings from the research study to all GP research participants
7. disseminate the findings of the study by publication in a peer-reviewed journal or presentation at a conference (workshop, oral or visual).

Criteria specific to GP participants

GP participants must:

- maintain a record of research enrolment/participation
- collect data and document analysis (comparison of own data to overall study results, and submitted final research report to the principal investigator as required)
- complete a QI reflection form.

Steps specific to GP participants

GP participants:

1. enrol in the research activity
2. read all materials provided by the principal investigator
3. define own learning outcomes for participating in the research study
4. collect data as specified by the principal investigator, using data collection tools provided
5. conduct own analysis of the collected data and submit an individual report of findings to the principal investigator within a given timeframe and ethics parameters
6. receive and review a report of findings from the principal investigator
7. compare own data to the overall study results and submit a brief final research report to the principal investigator.

Evidence

In addition to the online form, GPs must document and (where applicable) retain:

- HREC approval
- documentation for patients/participants outlining the research and their role and rights (where applicable)
- a research plan
- evaluation tool/s
- a research report

The principal investigator must retain evidence of dissemination of research findings. For example, an article published in a peer-reviewed journal; a letter of acceptance from a peer-reviewed journal and a copy of the article; a copy of the abstract and acceptance letter from a conference to present a workshop, visual or oral presentation; documentation of submission of final grant report to the RACGP.

GP participants must retain documentation of research enrolment and completion of required data report and/or research findings.

Active learning module (40 Category 1 points)

Active learning modules (ALMs) are activities that result in demonstrable changes in GPs' performance, knowledge, skills, behaviours and attitudes, which lead to improvements in the quality of patient care.

The ALM must also consider improvement of practice systems that address patient safety.

Research shows that the most effective education methods involve participant interaction and varied educational approaches.

ALMs can be developed by education providers or as self-directed activities.

The ALM takes the GP learner through a learning cycle involving these processes:

- self-reflection – what do I need?
- planning – how will I do it?
- action – carry out the plan
- review – did I meet my need? What changes or improvements resulted?

The structure of the ALM emulates this learning cycle, offering the GP learner a predisposing activity for self-reflection and planning, a structured learning activity to enable learning of new skills and knowledge, a reinforcing activity to strengthen a new behaviour into their practice, and an opportunity to reflect on any unmet or further learning needs.

Provider ALMs

Most GPs will complete ALMs that have been developed by an accredited activity provider. All provider ALMs have been developed with a GP to ensure the content is relevant to GPs.

Providers offer ALMs on a range of topics to suit GPs – they may be delivered online, face-to-face or as a combination of both.

All provider ALMs must include a predisposing activity and a reinforcing activity. GPs will be awarded 40 Category 1 QI&CPD points on completion of the full six hours of education and return of completed reinforcing activity to the accredited activity provider within the required timeframe. The provider is responsible for uploading the QI&CPD points upon completion of the activity requirements.

Criteria specific to ALMs

ALMs must:

- include a minimum of six hours of structured educational content (excluding registration time, meal breaks, sponsor presentations)
- include at least two-thirds interactive or experiential content (may include skills practice, question and answers, role plays, discussion, case studies)
- provide thematically-linked education content.

Provider ALMs must have predisposing and reinforcing activities.

Individual ALMs for GPs

GPs can develop an individual ALM to suit their own learning needs. In recognition of the broad range of education activities GPs complete to meet their personal learning needs, the RACGP has developed a flexible framework for the development of individual ALMs.

Steps in developing an individual ALM

GPs must:

1. select an area of learning they wish to develop
2. set personal learning outcomes
3. complete a minimum of six hours of active learning on their chosen topic (a combination of different activities)
4. reflect on the learning and consider ways in which they can improve their practice
5. implement change in their clinical practice and/or practice systems that will reliably improve the quality of patient care
6. complete and submit an individual ALM online application form.

Evidence

Individual ALMs

In addition to the online form, GPs must document and retain:

- a program or agenda as evidence of the minimum six hours education
- relevant supporting documentation, such as a certificate of attendance or completion.

Accredited activity provider ALMs

Accredited activity providers must issue the GP with a certificate of completion and upload the CPD points.

Educator ALMs

(40 Category 1 points)

Educator ALMs are for those GPs who teach medical students, and/or supervise registrars or other GPs. It focuses on the development of teaching skills and the experience and learning outcomes for the educator.

General practice is well placed as a principal setting for medical student education. Clinical teaching practices can positively influence the quality of the learning experience for medical students. However, individual general practice educators can have gaps in skills and knowledge related to teaching that require extra personal study.

GPs occasionally undertake self-directed learning to address individual learning needs.

In line with the Curriculum, teaching and mentoring includes a degree of the educator sharing their clinical expertise. This requires quality communication skills to ensure messages are heard. Receiving feedback from a medical student, general practice registrar or other GPs is an important part of this learning process. Listening to the learner's needs ensures teaching occurs at the appropriate level and in the appropriate context. Reflection and discussion are also important tools in order to improve teaching outcomes in the future.

Criteria specific to educator ALMs

Educator ALMs must:

- include a minimum of six hours of teaching and student engagement
- provide an education summary/learning program.

Steps in developing an educator ALM

GPs must:

1. outline the planning, teaching and evaluation process undertaken
2. include the learning program for the medical student, general practice registrar or other GP while they are at the practice
3. reflect on their teaching practices and identify other areas of knowledge or skill in which they wish to improve as an educator.

Evidence

In addition to completing the educator ALM online form, GPs can provide:

- a teaching schedule or timetable
- lesson plans
- a sample of a tutorial or face-to-face training
- confirmation from a hospital or practice confirming the teaching appointment.

Peer-reviewed journal article module *(40 Category 1 points)*

A peer-reviewed (also known as ‘refereed’ or ‘scholarly’) journal article is written by experts or professionals in a specific area and then reviewed by several other experts before the article is published in a journal, ensuring the article’s quality and credibility. This process uses high-quality, evidence-based references, accepted theories, best practice standards/guidelines, or is about scientifically valid processes or research results relevant to general practice.

Criteria specific to a peer-reviewed journal article module

A peer-reviewed journal article module must:

- be relevant to general practice
- use high-quality, evidence-based references, accepted theories, best practice standards/guidelines, or is about scientifically valid processes or research results
- have undergone and passed an appropriate peer-review process for publication.

Steps in completing a peer-reviewed journal article module

GPs must:

1. identify learning outcomes in writing an evidence-based article
2. write an article using high-quality, evidence-based references, accepted theory, best practice standards/ scientifically valid processes or research results relevant to general practice
3. submit the finished article to a peer-reviewed journal for publication
4. have the peer-reviewed article accepted for publication
5. complete the peer-reviewed journal article application form via the [myRACGP web page](#) navigating to myCPD and attach a copy of the published article or letter of acceptance for publication.

Evidence

In addition to the online form, GPs must document and retain a copy of the published peer-review journal article or a letter of acceptance for publication.

Higher education

GPs may wish to complete postgraduate qualifications to advance their knowledge of topics relevant to general practice.

Postgraduate courses from Australian providers recognised by the Tertiary Education Quality and Standards Agency (TEQSA) will be eligible for Category 1 QI&CPD points, subject to the content of the course relating to general practice. Details of eligible higher education providers can be found on the TEQSA website (www.teqsa.gov.au).

Some courses from non-accredited and overseas providers may be eligible for QI&CPD points and will be adjudicated on their own merits.

Category 1 points will be awarded upon successful completion of a:

- graduate certificate (60 points)
- graduate diploma (90 points)
- master's degree (120 points)
- PhD (150 points).

Please note: completion of a higher education course does not exempt GPs from completing the QI&CPD minimum requirements.

Criteria specific to higher education

Higher education courses must be:

- a postgraduate course
- relevant to general practice
- be administered by an education provider organisation recognised by TEQSA (or equivalent).

Evidence

GPs can apply for CPD points at the completion of the higher education course.

An academic transcript or certificate of completion from the university or course provider is required.

Fellowship of the RACGP (150 Category 1 points)

Fellowship of the RACGP (FRACGP) is a practice-based postgraduate award designed to assist candidates to increase competency and confidence to work unsupervised in general practice in Australia. Attaining FRACGP qualifies the GP for 150 Category 1 points. There are various formats for completion of the FRACGP assessment process. Eligibility and enrolment information is available via the RACGP website (www.racgp.org.au).

Points are allocated to GPs who successfully complete the FRACGP assessment process within the triennium, and at the time the RACGP Council ratifies Fellowship, as this is considered to be the completion of the FRACGP assessment process.

GPs who successfully complete the FRACGP assessment process during the triennium will satisfy their QI&CPD Program requirements and will not need to complete additional Category 1 activities. Completion of a CPR course within the triennium will need to be demonstrated.

Fellowship in Advanced Rural General Practice (150 Category 1 points)

The Fellowship in Advanced Rural General Practice (FARGP) is a practice-based postgraduate award designed to assist candidates to increase competency and confidence to work in rural and remote general practice. The program is flexible and consists of core and optional educational activities which have a strong experiential focus. The FARGP currently involves 720 hours of learning (normally over two to four years) consisting of:

- advanced rural skill posts (ARSPs)
- working in rural general practice module
- emergency medicine module
- self-identified learning activities.

This is a portfolio-based course undertaken via distance education in which evidence of learning and meeting program requirements is necessary for final assessment at completion of study. GPs working toward vocational FRACGP may work toward the FARGP at the same time.

Points are allocated at the time the RACGP Council ratifies FARGP, as this is considered to be the completion of the assessment process.

GPs who successfully complete the FARGP assessment process during the triennium will satisfy their QI&CPD Program requirements. Completion of a CPR course within the triennium will also need to be demonstrated.

Category 2 activities

Provider accredited activities (Category 2 points)

Category 2 activities developed and delivered by RACGP QI&CPD accredited activity provider organisations are specifically relevant to GPs and general practice. Accredited activity providers are required to provide GPs with an attendance certificate.

The QI&CPD Program accredits the following types of activities under the Category 2 framework:

- CPR courses (minimum one hour) that meet Australian Resuscitation Council (ARC) guidelines (five points).
- Cultural awareness activities.

Each Category 2 activity is allocated two points per hour and capped to a maximum of 30 points.

Criteria for Category 2 activities

Each Category 2 activity must ensure its:

- primary objective is to improve the quality of patient care
- content is relevant to GPs and general practice
- content observes the highest ethical standards
- content is of a high clinical standard which is evidence-based and supported by accepted medical theory
- specific requirements are identified and covered in the educational content.

Evidence

GPs must provide a certificate of attendance and a program outline.

Self-directed activities *(Category 2 points)*

The RACGP acknowledges the value of a diverse range of education activities based on GPs' individual needs and, as such, recognises education that is not accredited where the GP sees it as personally valuable and relevant.

Activities that would be recognised as Category 2 must be a minimum of one hour in duration and can include:

- conferences with diverse topics
- lecture-style seminars
- large group meetings
- unaccredited online modules
- professional reading and journals.

GPs can record an unlimited number of Category 2 self-directed activities at a rate of two points per hour; however, QI&CPD points are capped at 20 points per triennium.

Evidence

The QI&CPD Program recommends that GPs retain details and evidence of participation for future reference, including a certificate of attendance and a program outline.

Cardiopulmonary resuscitation (5 Category 2 points)

According to the RACGP's *Standards for general practices* (4th edition), GPs must be 'suitably qualified and trained and maintain the necessary knowledge and skills to provide good clinical care'.² GPs have a duty to respond to sudden cardiac arrest – they are expected to perform cardiopulmonary resuscitation (CPR) procedures in accordance with current ARC guidelines and techniques, without the assistance of specialist emergency services or equipment.

Evidence suggests the most important determinant of survival from sudden cardiac arrest is the presence of a trained rescuer who is ready, willing, able and equipped to act.¹⁰ The RACGP recognises that CPR skills are used infrequently and, thus, may diminish over time.²

Consistent with the RACGP's *Standards for general practices* (4th edition), it is a requirement of the QI&CPD Program that GPs maintain basic life support skills through the completion of a CPR course that meets the ARC guidelines at least once per triennium.

Criteria specific to CPR

CPR requirements:

- GPs must complete a CPR course that meets the ARC guidelines.
- Courses must be a minimum of one hour.
- Courses can be either a Category 2 accredited activity or form part of a Category 1 accredited activity.
- Advanced life support (ALS) courses must meet the RACGP CPR requirements.
- Training courses are required to assess CPR competence – learners must be able to physically demonstrate CPR on a mannequin on the floor upon completion of the course.

CPR and ALS requirements for candidates/registrars who are on a pathway to Fellowship

Refer to the 'CPR and ALS courses' guidance document available at the education services policies page (www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies/guidance-documents/cardiopulmonary-resuscitation-and-advanced-life-support-guidance-document) for details on the types of courses that meet the requirements.

Evidence

GPs must provide a certificate of completion.

The RACGP will recognise CPR certificates issued by:

- ARC council representative member organisations, including:
 - ARC
 - RACGP
 - New Zealand Resuscitation Council
 - Australian Red Cross
 - St John Ambulance, Australia
 - College of Emergency Nursing Australia
 - Council of Ambulance Authorities
 - Surf Life Saving Australia
 - Australian College of Nursing
 - Australasian College for Emergency Medicine
 - Perinatal Society of Australia and New Zealand
 - Paramedics Australia
 - Royal Australasian College of Surgeons
 - Australian and New Zealand Intensive Care Society
 - Australian College of Critical Care Nurses
 - Australian and New Zealand College of Anaesthetists
 - Royal Life Saving Society Australia
 - Australian Defence Force
 - Cardiac Society of Australia and New Zealand
 - Heart Foundation
- registered training organisations that provide:
 - CPR
 - first aid.

Exemptions

GPs who cannot physically perform CPR may apply for exemptions, which are valid for the current triennium only. These GPs are required to:

- provide a medical certificate or declaration stating they have a disability or medical condition that prevents them from being physically able to perform CPR
- inform the RACGP in writing about measures undertaken within their medical practice to ensure they are prepared for a situation that requires CPR.

GPs with a current CPR/ALS instructor certificate are also exempt.

Quality improvement reflection

The RACGP's *Standards for general practices* (4th edition) recommend that practices engage in QI activities that review structures, systems and processes to aid in the identification of required changes to increase the quality of healthcare delivery and safety of patients.⁴

This process encourages self-reflection on completed Category 1 activities, in which QI is identified as either part of, or the outcome of, the learning process, such as:

- review of specific cases or clinical outcomes
- implementation of new recall systems within a practice
- review and evaluation of practice resources and referrals list.

QI activities should be robust, systematic and relevant to a GP's scope of practice.

They must include an element of action and evaluation and, where possible, demonstrate an outcome or change.

The QI reflection form is allocated five Category 2 points and capped at 15 points per triennium.

Criteria specific to QI reflection

QI reflection must:

- provide GPs with an opportunity to reflect on changes or improvements in knowledge, attitudes, behaviours, skills and/or practice systems as a result of the learning
- be completed as an extension of a Category 1 accredited activity that occurred within the triennium.

Steps in QI reflection

GPs must:

1. identify a Category 1 activity they have completed
2. reflect on how they applied their learning, considering changes or improvements to knowledge, attitudes, behaviours, skills and/or practice systems as an outcome of the Category 1 activity
3. complete a QI reflection form online via [myRACGP web page](#) navigating to myCPD. Alternatively GPs can download and complete the form, then email it to their state QI&CPD unit.

General information

How are points allocated to GPs' credit point statement?

The 2017–19 triennium features a number of mechanisms for point allocation for education activities.

GP self-directed learning

Category 1 activities

GPs may complete an individual application for Category 1 activities. Applications may be submitted online via the [myRACGP web page](#) on the RACGP website, or by sending a paper application to the relevant state faculty office. Individual GP applications are subject to quality assurance assessments.

Category 2 self-directed activities

Individual GPs may record participation in educational activities that are not accredited by the QI&CPD Program which they view as valuable in fulfilling their learning needs. Applications may be submitted online via the [myRACGP web page](#) on the RACGP website, or by sending a paper application to the relevant state faculty office.

Provider activities

Providers will arrange for a GP's points to be allocated to their QI&CPD credit points statement when they attend an RACGP accredited activity. The provider should also forward a certificate of attendance to the GP upon completion of the activity.

GPs with specific requirements

Many GPs are required by other colleges or third parties to maintain recognition of particular skills or qualifications.

These requirements are often negotiated between the RACGP and other colleges, for example, recertification as a Diplomate of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG) and reaccreditation as a rural GP anaesthetist.

Many of the specific requirements are overseen by joint consultative committees (JCC), which are tripartite groups that include representation by the relevant specialist college, the RACGP and the Australian College of Rural and Remote Medicine (ACRRM).

The actual requirements as set by the relevant groups are negotiated each triennium. They are communicated at the start of each triennium through RACGP communications and are available by contacting your RACGP Faculty Office or the relevant college or third party.

The QI&CPD Program records Category 1 CPD points for GP participation in the following areas of specific requirement:

- diagnostic radiology
- mental health (Mental Health Skills Training [MHST] Primary Pathway, focused psychological strategies [FPS] skills training)
- medical acupuncture
- women's reproductive health
- GPs who provide anaesthesia
- GPs who provide surgical services.

Other topic areas are included on RACGP QI&CPD activity application forms and can be selected when applications are submitted. They are not related to mandatory requirements and are currently only recorded for CPD purposes. This includes cultural awareness training and cultural safety training.

Category 2 activities do not meet specific requirements criteria, with the exception of cultural awareness, mental health clinical enhancement module (CEM), mental health core module (CM), and mental health CPD.

Rural Procedural Grants Program

The Rural Procedural Grants Program (RPGP) provides financial support to maintain and enhance the clinical skills of GPs and locums who deliver:

- unsupervised anaesthetics, obstetrics and/or surgery in Australian Standard Geographical Classification – Remoteness Area (ASGC–RA) 1–5 locations (dependent on additional approval)
- unsupervised emergency medicine in 24-hour triaging accident and emergency facilities located in ASGC–RA 2–5 locations.

This financial support is offered in the form of a grant of \$2000 per day for up to 10 days of training per financial year for procedural GPs, and for up to three days of training per financial year for GPs providing hospital-based emergency services.

GPs who deliver any of these services in a rural or remote location may be eligible to participate in the RPGP. GPs must apply to register in the RPGP via either the RACGP or ACRRM prior to attending grant-approved training in order to receive the grants.

In order to access this program, GPs need to complete an RPGP ‘Application to register’ form and provide documentation indicating they are a current unsupervised provider of anaesthetic, obstetric, surgical and/or emergency medicine in a hospital or other appropriately equipped facility. Eligibility for the program is determined by the RACGP or ACRRM.

Visit www.racgp.org.au or call 1800 636 764 for further information.

Sponsorship guidance for all activities

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

Interactions with sponsors, especially those dealing with therapeutic goods, are only appropriate if they do not affect, breach, distort or influence the GP–patient relationship. Educational material covered within each accredited activity should meet or exceed acceptable clinical and ethical standards. This applies to all sponsored accredited activities.

The term ‘sponsorship’ in the context of the RACGP QI&CPD Program includes any benefit transfer for an event in return for which various rights are given to the sponsoring party. Sponsorship may involve financial, ‘in-kind’ or other support (such as free 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.

The term ‘advertising’ in the context of the RACGP QI&CPD Program 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, included under the definition of sponsorship.

Sponsorship requirements

To obtain and retain accredited status, activities must comply with a number of rules:

- Education delivered to GPs must be developed completely independently of any sponsorship.
- The QI&CPD Program will not accredit educational activities with sponsor input into its design, development, content or delivery. The RACGP considers such input a conflict of interest and a breach of the QI&CPD activity standards.
- Facilitators and speakers delivering the material must have independence. They must not be briefed on, or influenced, as to how they present or deliver the education.
- Facilitators and speakers must declare any conflicts regarding payment, or other benefits or inducements from a sponsor to attending GPs prior to delivering the accredited activity.
- Speakers may be provided by a sponsor to present education where appropriately trained and professional. However, the speaker will need to declare their conflict as a representative of the sponsor organisation prior to any delivery.
- A sponsored accredited activity must declare how and by whom it is sponsored each time that activity is promoted, advertised or delivered.
- All event administration concerning participants must be handled by the provider and not the sponsor. This includes
 - processing participants’ registration
 - collection and collation of completed evaluation forms from participants.
- Sponsor pop-ups, advertising, online resources or event flyers must include sufficient 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. Sponsor banners displayed at an event must be placed alongside provider advertising.

- Accredited activities must not at any stage, either directly or indirectly, promote:
 - products by use of their brand or trade names
 - products or modes of treatment disproportionate to their normal contribution to 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
 - experimental treatments and methods that have not been fully evaluated by intervention research
 - experimental treatments without the support of the medical profession by reason of inconclusive evidence of therapeutic benefits
 - theories and methods of treatment not supported by scientific evidence
 - 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 accredited activity's clinical, scientific or ethical standards, 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) accreditation of the educational activity if it fails to meet the activity standards.

Privacy and patient confidentiality

GPs are reminded that their relationship with their patients is categorised by law as a relationship of trust and confidence. Patients are entitled to claim privilege in relation to their treatment and to insist upon maintenance of its confidentiality. It is not the right of a GP to use such information without the patient's consent.

When a GP collects patient health information for QI or CPD activities, they may only transfer identified patient health information to a third party once informed patient consent has been obtained.

When a GP is using de-identified patient health information for research purposes, there are some situations in which they are required to obtain informed patient consent, as well as some situations in which informed patient consent is not required. The requirement for consent when using de-identified data will be decided by an HREC.²

Ethics approval is not required for a QI activity undertaken within a general practice, where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice.²

A practice's QI or clinical audit activities for the purpose of seeking to improve the delivery of a particular treatment or service would be considered a directly related secondary purpose for information use or disclosure. In other words, the practice would likely not need to seek specific consent for this use of patients' health information.²

In order to ensure patients understand and have reasonable expectations of QI activities, practices are encouraged to include information about such activities and clinical audits in the practice policy on managing health information. Systems should be implemented to ensure the patient consents to the use of information, and only in a format that will not involve direct or indirect identification of the patient.²

Visit www.oaic.gov.au for more information.

References

1. Medical Board of Australia. Continuing professional development registration standard. Canberra: Medical Board of Australia, 2016.
2. The Royal Australian College of General Practitioners. Standards for general practices. 4th edn. East Melbourne, Vic: RACGP, 2010.
3. Reason J. Beyond the organisational accident: The need for 'error wisdom' on the frontline. *Qual Saf Health Care* 2004;13 Suppl 2:ii28–33.
4. Vincent C. Patient safety. 2nd edn. London: Wiley-Blackwell, 2010.
5. McCalister P. Practice based small group learning. London: BMJ Careers, 2010. Available at <http://careers.bmj.com/careers/advice/view-article.html?id=20000765> [Accessed 28 April 2016].
6. Toussaint J, Gerard RA. On the Mend: Revolutionizing Healthcare to Save Lives and Transform the Industry. 1st edn. Cambridge, MA: Lean Enterprise Institute, Inc, 2010.
7. The Royal Australian College of General Practitioners. Putting prevention into practice (Green book). 2nd edn. East Melbourne, Vic: RACGP, 2006. Available at www.racgp.org.au/your-practice/guidelines/greenbook/prevention-in-general-practice/planning-for-prevention/plan,-do,-study,-act-cycle/ [Accessed 17 September 2015].
8. Jamtvedt G, Young JM, Kristoffersen DT, O'Brien MA, Oxman AD. Audit and feedback: effects on professional practice and healthcare outcomes. *Cochrane Database Syst Rev* 2006;(2):CD000259.
9. Phillips RS, Glasziou P. What makes evidence-based journal clubs succeed? *Evid Based Med* 2004;9:36–37.
10. Australian Resuscitation Council Guidelines. East Melbourne, Vic: Australian Resuscitation Council, 2016. Available at <http://resus.org.au/guidelines/> [Accessed 28 April 2016].

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Appendix 1: RACGP QI&CPD Program activity standards

Required outcomes are listed below each standard.

Standard 1 – Activities are planned and organised to lead to improvement in quality patient care and safety

- 1.1. Activity design/selection is based on current, relevant and evidence-based best practice for improving health.
- 1.2. Outcomes and scope of activities are developed with GP input and reflect identified general practice learning and development needs.
- 1.3. Activity outcomes are linked to the Curriculum.
- 1.4. Content, strategies and resources are professionally appropriate to the achievement of the stated activity outcomes.
- 1.5. Activity development and supporting materials are documented.

Standard 2 – Activities are relevant to GPs

- 2.1 Activities meet the aims and objectives of the RACGP QI&CPD Program.
- 2.2 Participation in the activity leads to the achievement of stated outcomes.
- 2.3 Activities provide opportunities for reflection.
- 2.4 Activities meet the highest ethical, clinical and educational standards.

Standard 3 – Activities are evaluated against relevance and achievement of stated outcomes

- 3.1 Content and engagement are evaluated against the stated outcomes.
- 3.2 Evaluation processes measure the stated outcomes.
- 3.3 Evaluation is used for continuous improvement.
- 3.4 Evaluation examines how knowledge and skills gained through the activity can lead to improvement in clinical practice.

Standard 4 – Quality assurance assessment processes focus on continuous improvement

- 4.1 All documentation and reporting is submitted in accordance with RACGP requirements.
- 4.2 Providers participate in the RACGP QI&CPD Program quality assurance assessment processes.
- 4.3 Providers are compliant with RACGP QI&CPD conditions.
- 4.4 Quality assurance assessment leads to continuous improvement and corrective actions.

Appendix 2: Curriculum and domains matrix

Select the appropriate domains and competency outcomes					
Domain 1. Communication skills and the patient–doctor relationship	Domain 2. Applied professional knowledge and skills		Domain 3. Population health and the context of general practice	Domain 4. Professional and ethical role	Domain 5. Organisational and legal dimensions
CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their <i>sociocultural context</i>	CS2.1.1 The conduct of the consultation is appropriate to the <i>needs of the patient</i> and the sociocultural context	CS2.2.7 The results of investigations are interpreted in the context of the patient	CS3.1.1 The patterns and prevalence of disease are incorporated into screening and management practices	CS4.1.1 Adherence to <i>relevant codes and standards of ethical and professional behaviour</i>	CS5.1.1 <i>Infection control and relevant clinical practice standards</i> are maintained
CS1.1.2 Effective communication is used in <i>challenging situations</i>	CS2.1.2 <i>Continuity of care</i> promotes quality and safety	CS2.2.8 Diagnosis and management is evidence-based and relevant to the needs of the patient	CS3.1.2 The impacts of the <i>social determinants of health</i> are identified and addressed	CS4.1.2 <i>Duty of care</i> is maintained	CS5.1.2 Effective <i>clinical leadership</i> is demonstrated
CS1.1.3 Communication with <i>family, carers and others</i> involved in the care of the patient is appropriate and clear	CS2.1.3 Comprehensive and <i>holistic management plans</i> are developed collaboratively	CS2.2.9 <i>Rational prescribing and medication monitoring</i> is undertaken	CS3.1.3 Current and emerging <i>public health risks</i> are effectively managed	CS4.1.3 <i>Patient–doctor boundaries</i> are identified and maintained	CS5.1.3 <i>Relevant data</i> is clearly documented, securely stored and appropriately <i>shared for quality improvement</i>
CS1.1.4 <i>Complaints and concerns</i> are managed effectively	CS2.2.1 A comprehensive, clearly documented <i>biopsychosocial history</i> is taken from the patient	CS2.2.10 The uncertainty of ongoing <i>undifferentiated conditions</i> is managed	CS3.2.1 <i>Barriers to equitable access to quality care</i> are addressed	CS4.1.4 <i>Critical incidents and potential critical incidents</i> are identified and managed	CS5.1.4 Quality and safety is enhanced through the effective use of <i>information systems</i>

Curriculum and domains matrix (continued)

Select the appropriate domains and competency outcomes					
Domain 1. Communication skills and the patient–doctor relationship	Domain 2. Applied professional knowledge and skills		Domain 3. Population health and the context of general practice	Domain 4. Professional and ethical role	Domain 5. Organisational and legal dimensions
CS1.2.1 Ways in which health can be optimised and maintained are communicated to patients, family members and carers	CS2.2.2 <i>An appropriate and respectful physical examination of the patient is undertaken</i>	CS2.3.1 Quality <i>evidence-based resources</i> are critically analysed and utilised	CS3.2.2 The health needs of individuals are balanced with the health needs of the community through effective <i>utilisation of resources</i>	CS4.2.1 Professional knowledge and skills are reviewed and developed	CS5.1.5 <i>Effective triaging and time management structures</i> are in place to allow timely provision of care
	CS2.2.3 <i>A significantly ill patient is identified and managed appropriately</i>	CS2.3.2 Innovative approach to care of patients with <i>multisystem and/or complex health issues</i> is taken	CS3.2.3 Effective leadership improves outcomes for patients	CS4.2.2 <i>Reflection and self-appraisal</i> are undertaken regularly	CS5.1.6 <i>Ethical business processes and practices, and effective governance structures</i> are implemented
	CS2.2.4 <i>A rational list of differential diagnoses</i> is formulated	CS2.4.1 Appropriate <i>mode of care delivery</i> to suit the needs of the patient		CS4.2.3 <i>Personal health and wellbeing</i> is evaluated, maintained and developed	CS5.2.1 <i>Patient confidentiality</i> is managed appropriately
	CS2.2.5 Appropriate procedures are undertaken after receiving informed consent	CS2.4.2 <i>Fragmentation of care</i> is minimised		CS4.3.1 Professional knowledge and skills are effectively shared with others	CS5.2.2 <i>Shared decision making and informed consent</i> are explained and obtained
	CS2.2.6 <i>Rational options for investigations</i> are offered	CS2.4.3 Demonstrate <i>leadership in emergency situations</i>		CS4.3.2 Identify and support <i>colleagues who may be in difficulty</i>	CS5.2.3 <i>Medico-legal requirements</i> are integrated into accurate documentation

Curriculum and domains matrix (continued)

Curriculum contextual unit (tick at least one contextual unit covered in this activity)		
Main units		AM16 Addiction medicine
AH16 Aboriginal and Aboriginal Torres Strait Islander health		DE16 Dermatology
RH16 Rural health		DM16 Disaster management
Populations		EN16 Ear and nose medicine
AD16 Adult health		EY16 Eye medicine
CO16 Care of older people		MS16 Musculoskeletal and sports medicine
CY16 Children and young people's health		OM16 Occupational medicine
CH16 Custodial health		OP16 Oncology and palliative care
DH16 Doctors' health		OR16 Oral health
DB16 Individuals with disabilities		PM16 Pain management
MH16 Men's health		PS16 Psychological health
MM16 Military medicine		SH16 Sexual and reproductive health
PC16 Pregnancy care		TM16 Travel medicine
RA16 Refugee and asylum seeker health		Processes
RC16 Residential care		GR16 General practice research
SG16 Sex, sexuality, gender diversity and health		GT16 General practice teaching
WH16 Women's health		IM16 Integrative medicine
Presentations		Other (please provide further information)
AV16 Abuse and violence		
Visit http://curriculum.racgp.org.au for further information on the Curriculum and domains of general practice		



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