

Appendix 1: CPD Education Standards

Glossary

The following terms are used throughout the CPD Education Standards.

Term	Meaning
CPD Accredited Activity	<ul style="list-style-type: none"> <input type="checkbox"/> A deep learning activity to extend general practitioner (GP) knowledge and skills to affect change <input type="checkbox"/> Activity is approved by RACGP
CPD Activity	<ul style="list-style-type: none"> <input type="checkbox"/> An extended learning activity to reinforce and/or update existing GP knowledge and skills <input type="checkbox"/> Activity is self-approved by provider
Activity	<ul style="list-style-type: none"> <input type="checkbox"/> A Continuing Professional Development (CPD) Program education activity of any duration (eg one week or one day) involving small group or individual learning activity <input type="checkbox"/> Used synonymously with seminar, program, lecture, course, independent study, etc
Learning outcome	<ul style="list-style-type: none"> <input type="checkbox"/> Describing what a learner will be able to know or do by the end of the activity
Bloom's taxonomy *	<ul style="list-style-type: none"> <input type="checkbox"/> Describes levels of learning (a hierarchy) in the cognitive domain <input type="checkbox"/> Different verbs are used in learning outcomes to indicate the relevant level or cognitive domain within Bloom's taxonomy
Learners	<ul style="list-style-type: none"> <input type="checkbox"/> Activity participants – normally GPs
Facilitators	<ul style="list-style-type: none"> <input type="checkbox"/> Anyone in a facilitation/teaching/education role within the activity (eg presenter, skills teacher, interactive discussion facilitator, small group leader)
Evidence	<ul style="list-style-type: none"> <input type="checkbox"/> Against each Activity element is guidance for a provider to determine how much evidence must be uploaded for an CPD Accredited Activity and/or is required to self-approve a CPD Activity
CPD Accredited Activity session plan template	<ul style="list-style-type: none"> <input type="checkbox"/> A template to assist providers in submitting a session plan for a CPD Accredited Activity <input type="checkbox"/> Key elements include timing, delivery mode, interactivity, facilitators and linkage to learning outcomes
CPD Activity program template	<ul style="list-style-type: none"> <input type="checkbox"/> A template to assist providers in submitting a program outline for a CPD Activity. <input type="checkbox"/> Key elements include timing, delivery mode, interactivity and facilitators
Audit plan template	<ul style="list-style-type: none"> <input type="checkbox"/> A template to assist Providers in submitting a GP audit activity

*For further details, refer to <https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy>

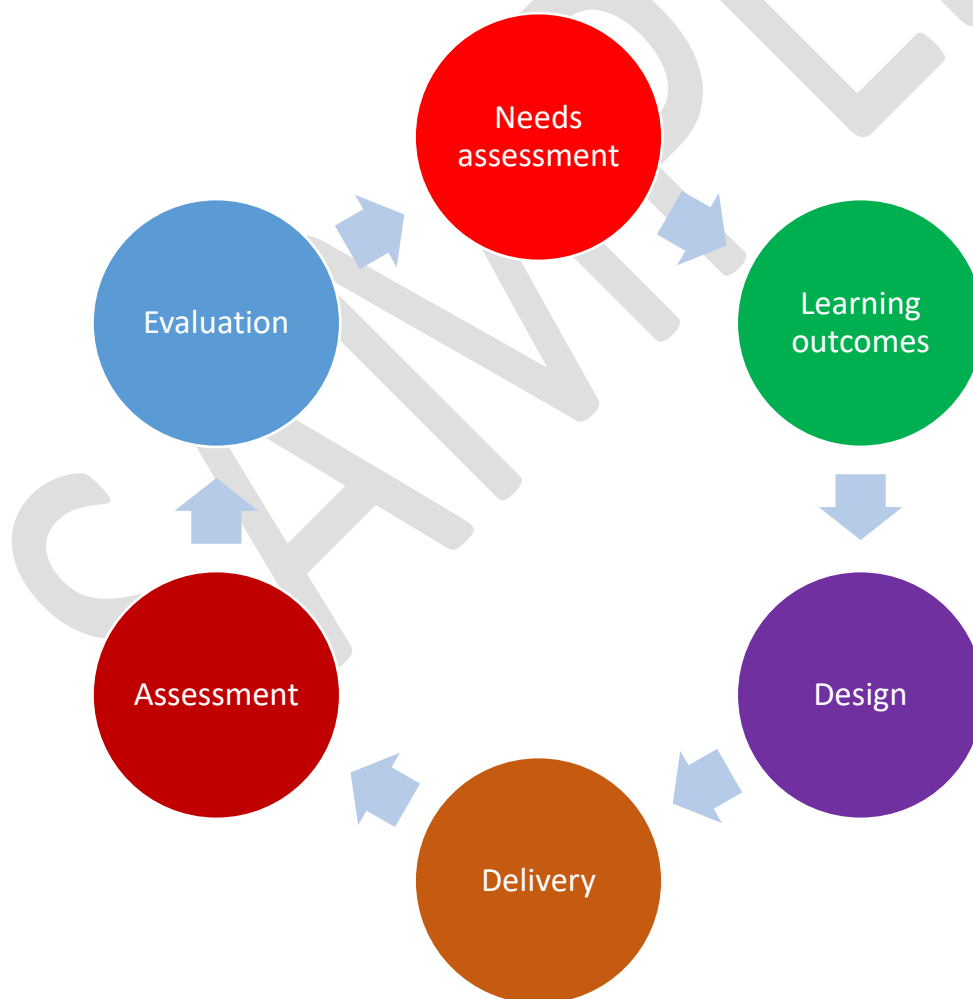
Overview

The RACGP acknowledges the important role CPD education providers have in provision of high-quality CPD education. The CPD Education Standards have been developed to support the planning, development and design of education activities for the RACGP CPD Program and specify what evidence is required to support applications for CPD Accredited Activities and CPD Activities.

Based on best evidence education practice, the CPD Education Standards are constructed around six activity elements that represent key components of high-quality educational design, implementation and evaluation. Although assessment strategies are not required for the development of CPD Activities and providers are not required to submit substantial evidence of activity design and planning, CPD Activities must nevertheless meet the CPD Education Standards as indicated.

It is also important that relevant documentation for development of CPD Activities is retained for quality assurance purposes. Education providers will be expected to submit or retain the evidence of achievement specified against each of the elements. This evidence is not prescriptive, allowing providers an opportunity to demonstrate innovation in their CPD practices. Where an activity is an audit, the standards deemed not applicable have been denoted with an asterisk (*).

A session or audit plan must be submitted as evidence for CPD Accredited Activities and a Program for CPD Activities. Please refer to Attachments 1-3 for examples.



Guiding principles for development and design of CPD education

The primary objective for development of CPD education is to improve the quality of patient care based on the following guiding principles.

- CPD Accredited Activities should be designed to a high educational standard, and aligned to adult learning principles that enhance skills and/or knowledge and encourage deep learning for Australian GPs.
- CPD Activities should provide opportunities for Australian GPs to extend, reinforce and/or update their knowledge and/or skills.
- CPD education should help GPs develop the necessary knowledge, skills and attitudes to address the relevant domains and contextual units in the RACGP Curriculum for Australian General Practice 2016.
- CPD education should help GPs develop the necessary knowledge, skills and attitudes to address state/territory programs and initiatives and the [National Health Priority Areas](#).
- Content must be of a high clinical standard, be evidence-based and supported by accepted medical theory.

A guide to writing learning outcomes (Appendix 2) has also been developed to support the CPD Education Standards.

Activity element 1 – Needs assessment

A needs assessment is a process of collecting and summarising data on the educational needs of GPs in order to guide the design of CPD education to meet these needs. The needs assessment identifies current or future knowledge, skills or behaviour gaps so as to ensure that the CPD education is relevant to GPs. Identified learning gaps are then used to develop specific learning outcomes for an activity.

Several perspectives should be considered in a needs assessment:

- GP perspective, which may be obtained through direct survey, focus group interviews or publications
- consumer perspective, which may be obtained through patient interviews, surveys, data from community groups etc
- other health professional perspectives, such as those of medical specialists who receive referrals from GPs, state and government bodies, and special interest health groups.

There are several ways a needs assessment can be undertaken. Formal processes may be used, such as surveying GPs or undertaking focus group interviews with GPs. A literature review can provide useful information as to learning needs. The involvement of GPs in the needs assessment process is essential, and how they are involved must be described.

1.1 A comprehensive needs assessment is undertaken for each new activity design using contemporary data collection methods

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<p>Data collection methods used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Electronic survey (eg SurveyMonkey) <input type="checkbox"/> Existing data (eg previous training evaluation data, previous assessment data) <input type="checkbox"/> Focus group interviews <input type="checkbox"/> Observation <input type="checkbox"/> Semi-structured interviews <input type="checkbox"/> Written questionnaire 	✓	✓	<p>The provider must submit evidence of how a needs assessment was undertaken and how data was acquired on GP knowledge, skills or behaviour gaps. Examples of methodology are provided in the evidence list. This list is neither prescriptive nor exhaustive. An alternative methodology may be used, but sufficient description is required.</p> <p>For CPD Accredited Activities, evidence should include information on the volume of data collected (eg survey return rates, number of interviews undertaken). The principle behind this is that a valid needs assessment must have sufficient data to ensure an identified need is 'real'. Therefore, an interview with one GP is not enough to determine a need in all GPs. However, an individual GP who wants to undertake an audit activity may have used self-reflection as their needs assessment methodology and review of patient files to determine their learning needs. In this case, it would be a valid needs assessment for that individual GP.</p> <p>For CPD Accredited Activities where surveys or focus groups have been used to identify learning needs, copies of questions asked are required.</p>
<p>Where surveys or questionnaires used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of surveys distributed <input type="checkbox"/> Return rate 	✓	NA	
<p>Where focus group interviews used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of focus groups undertaken <input type="checkbox"/> Number of participants per focus group 	✓	NA	
<p>Where semi-structured interviews used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of interviews undertaken <input type="checkbox"/> Other needs assessment data collection method used (describe methodology and amount of data collected, questions used) 	✓	NA	

1.2 A wide variety of sources is used to determine GP CPD learning needs

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<p>Needs assessment sources:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Australian Government health priority data <input type="checkbox"/> Contemporary literature <input type="checkbox"/> GPs <input type="checkbox"/> Other health practitioners (eg physiotherapists) <input type="checkbox"/> Other medical specialties (eg surgeons) <input type="checkbox"/> RACGP publications <input type="checkbox"/> State/territory government health initiative data <input type="checkbox"/> Other sources(eg Primary Health Networks) 	✓	✓	When undertaking a needs assessment, as previously stated several perspectives should be considered and therefore there are a number of valid sources of information. Source examples are listed in the evidence. For example, relevant literature may provide study data highlighting a need for education of GPs in a specific area. The data does not need to come from all the sources listed.

1.3 GPs are actively involved in the needs assessment process

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<p>Needs assessment processes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of how GPs have been involved in the needs assessment – for example, the GP/s: <ul style="list-style-type: none"> • conducted the needs assessment • completed the survey or was an interview participant • used RACGP publications as a source for assessing needs 	✓	✓	<p>CPD Program education is for GPs, therefore it is important that GPs are involved in identifying their own learning needs or those of their peers.</p> <p>The provider should submit evidence of how GPs were involved in determining learning needs. Were GPs surveyed or interviewed directly? How many GPs were involved in determining the needs?</p>

Activity element 2 – Activity aim and learning outcomes

The activity aim is a broad statement of what the activity is trying to achieve and summarises the overall intent of the activity. Learning outcomes are crucial to the design of CPD education and assist CPD providers to plan the content of each activity.

Learning outcomes articulate what the GP will know or be able to do at the end of an educational activity, be that a group or individual learning activity. They are then used to determine appropriate learning activities to achieve the outcomes, assessment to determine if outcomes have been achieved and feedback to GPs on what has been achieved. The learning outcomes should be derived from the needs assessment. All CPD education should have a clearly articulated aim and measurable learning outcomes.

Refer to the guide to writing learning outcomes (Appendix 2) for further information.

2.1 An overall activity aim is established

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> The activity has a clear aim	✓	✓	The activity aim is a broad statement of what the activity is trying to achieve. It is written in broad terms and summarises the overall intent of the activity – for example, ‘To improve communication skills’ or ‘To review patient data to improve outcomes’. It gives the GP an indication of what the activity is about.

2.2 Clearly articulated, measurable learning outcomes are outlined

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Learning outcomes written in SMART (specific, measurable, achievable, relevant, timely) format <input type="checkbox"/> Description of how learning outcomes will be measured	✓ ✓	✓ ✓	<p>Learning outcomes are more specific than aims. The standard practice is to write learning outcomes in the SMART format:</p> <ul style="list-style-type: none"> • Specific – the learning outcomes specify what GPs will know or be able to do at the end of the educational activity. They should use action verbs (eg identify, describe, practice, analyse). • Measurable – learning outcomes need to be measurable so that GPs are able to know if they have achieved the learning outcomes. How can achievement of the learning outcome be measured? For example, if a learning outcome is ‘resuscitate a patient’ yet the activity is in a simulation centre with no real patients, how can the ability to resuscitate a patient be assessed, other than if the participant is observed doing so in their workplace? The outcome is therefore not measurable. It would be better written as ‘demonstrate resuscitation skills on a manikin’. <p>Some verbs, such as ‘understand’, are difficult to measure. What is the intent behind ‘understand’? A better verb would be ‘describe’, which is measurable.</p> <ul style="list-style-type: none"> • Achievable – the learning outcomes for an activity need to be achievable in the time allocated for that activity. For example, if the outcome is identify a structure for managing trauma, this may be

Evidence	CPD Accredited Activity	CPD Activity	Explanation
			<p>achievable in a one-hour lecture; however, if the learning outcome is to practise managing a simulated trauma patient, this would not be achievable in a one-hour lecture.</p> <ul style="list-style-type: none"> • Relevant – this is linked to the need’s assessment data. Learning outcomes for an activity should be directly related to the data obtained in the needs assessment in order to be relevant. Relevance also applies to the level of Bloom’s taxonomy to which the learning outcome relates. Learning outcomes at the lower levels of Bloom’s taxonomy are relevant for novices or for new content. For GPs familiar with the initial or basic concepts, the content will only be relevant if the learning outcome is at higher levels of Bloom’s taxonomy, requiring GPs to apply their knowledge and skills. • Timely – Learning outcomes should indicate the time in which they will be achieved (eg by the end of the audit, discussion or course). This need only to be written once at the top of all the learning outcomes. <p>For CPD Accredited Activities, the provider must indicate how they intend to measure achievement of the learning outcomes – for example, by direct assessment (eg multiple-choice test) or through self-assessment by the GP. There is no one correct answer;; rather, consideration must be made as to how the GP determines achievement of learning outcomes.</p>

2.3 Learning outcomes are established at an appropriate level of Bloom’s taxonomy

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Learning outcomes are mapped to levels of Bloom’s taxonomy	✓	✓	<p>Consideration needs to be given to the level of Bloom’s taxonomy to which the learning outcome relates. The provider should be able to map learning outcomes to Bloom’s taxonomy. Lower levels of Bloom’s taxonomy are applicable if the content is new or the learner is a novice in the area. If the learner has existing knowledge and skills, the learning outcomes should be at higher levels of Bloom’s taxonomy. A variety levels would apply for a longer course.</p> <p>Refer to the guide to writing learning outcomes (Appendix 2) for examples of verbs at different levels of Bloom’s taxonomy.</p>

2.4 Learning outcomes are realistic and feasible for the proposed activity

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Duration of the activity <input type="checkbox"/> Time allocated to each learning outcome (activity outline) <input type="checkbox"/> Additional time allocated for practical skills or simulation	✓ ✓ ✓	✓ ✓ ✓	<p>Feasibility is an important concept for CPD education. There is no point having learning outcomes that cannot be achieved in the time allocated. Time allocated to each learning outcome should be indicated in the activity outline. Where an activity is practical (eg skills training), time for participant practice should be allocated to allow achievement of the outcome.</p> <p>Learning outcomes at higher levels of Bloom's taxonomy require more time than those at lower levels.</p>

2.5 Learning outcomes mapped to the five RACGP domains of general practice

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Map of learning outcomes () to relevant domains and contextual units in the RACGP Curriculum for Australian General Practice 2016 (refer to Attachments 1-3 for example templates, <input type="checkbox"/> Description of components of RACGP domains and contextual units included where an outcome cannot be mapped directly	✓ ✓	✓ ✓	<p>The learning outcomes for CPD education should be mapped to relevant domains and contextual units in the RACGP Curriculum for Australian General Practice 2016.</p> <p>Where content is outside the domains, there should be some linkage made and described.</p>

2.6 Learning outcomes can be linked to state/territory programs and initiatives and/or to National Health Priority Areas

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Statement of any content related to a National Health Priority Areas	✓	NA	<p>The state, territory and federal governments have established healthcare priority areas and strategic plans. When activity content relates to one of these areas, it should be indicated.</p> <p>This is not compulsory for all CPD Accredited Activities.</p>

Activity element 3 – Design

Educational activities must be designed using evidenced-based educational methods and principles. This will maximise GPs' opportunities for learning and ensure high-quality education.

The provider must submit evidence of a plan and/or program with an application. The following example templates are provided:

- CPD Accredited Activity:
 - Session plan template (**Attachment 1**)
An example template to assist providers in submitting a program for accreditation (*not required for a Supervised Clinical Attachment activity*). Key elements include timing, delivery mode, interactivity, facilitators and linkage to the learning outcomes.
 - Audit plan template (**Attachment 2**)
An example template to assist providers in submitting an audit for accreditation. Key elements include self-reflection and quality improvement.
- CPD activity program template (**Attachment 3**)
 - An example template to assist providers in submitting a program to support a self-approved CPD Activity. Key elements include timing, delivery mode, interaction, facilitators.

3.1 The activity design is evidence-based and consistent with adult learning principles

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<p>Evidence of adult learning principles:</p> <ul style="list-style-type: none"> □ Opportunities for interaction: <ul style="list-style-type: none"> • Group discussions • Individual activities • Pair activities • Practice opportunities • Case study • Brain storming • Workshop • Questioning • Networking □ Opportunities for reflection: <ul style="list-style-type: none"> • Reflective questions (eg one-minute paper) • Questioning • Review of pre-activity work (eg creating worksheet, article review) • Other – please state □ Relevance to practice established □ The design structure supports the principles of set–dialogue–closure. The expectation of what will be learned is stated (set), the content and design support the expectation (dialogue) 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>NA</p>	<p>Adult learning principles, also known as 'andragogy', were first introduced by Malcolm Knowles in the early 1970s. They describe key elements in any adult education program to maximise learning. Some of these principles are dealt with in the delivery standard and some in the design.</p> <p>In the design phase there should be:</p> <ul style="list-style-type: none"> • Opportunities for interaction – this means that the program is not entirely 'didactic with someone out the front talking to the audience' with someone talking 'at' participants. Rather, discussion is facilitated by an expert and includes activities to promote learner engagement (eg group discussions, individual activities, pair activities, practice opportunities). • Opportunities for reflection – it is important that learners are given opportunities to reflect on their current level of knowledge in the content area, their knowledge or skill gaps and their progress in achieving the learning outcomes. Examples of opportunities for reflection include questions about prior experience or knowledge, quiz questions on a topic, individual reflective exercise in a worksheet, and questioning or review of a pre-activity requirement such as an article review. <p>Adults need to understand the relevance of the activity to their current practice or how the content and learning outcomes can be used by them. This should be built in early in the activity – for example, by linking to RACGP domains of general practice and curriculum contextual units, audit data, needs assessment data. In other words, there should be links to evidence that the activity is needed.</p>

Evidence	CPD Accredited Activity	CPD Activity	Explanation
and a closing statement reinforces learning through summary (closure)			<p>Contemporary design of educational activities often uses the set–dialogue–closure structure. The design of a CPD Accredited Activity should include:</p> <ul style="list-style-type: none"> • SET – an introduction that states clearly what the activity is about (introducing content), its learning outcomes, the relevance of the activity, motivations for learners to engage, and links to previous activities if relevant. • Dialogue – the body of the activity where the learning activities are implemented. The activity design should indicate in what learning activities learners will be involved (the type of activities is articulated in the next standard). • Closure – the conclusion of the activity, which should include a summary of key points and take-home messages, review of the learning outcomes to assess achievement, and a plan for post-activity reinforcement of learning or identification of opportunities for application of knowledge and skills or further practice. This can also include links to previous activities if relevant.

3.2 The learning activities are designed to facilitate achievement of the learning outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Map of learning activities against each learning outcome (refer to Attachments 1 & 2 for Templates)	✓	✓	<p>The design of an activity facilitates the achievement of learning outcome that have been developed as a result of the needs assessment. The session plan and /or program templates should indicate which activities within the design are related to which outcome. For example: session 1 – outcomes 1 and 2; session 2 – outcomes 3, 4 and 5.</p>
<input type="checkbox"/> Use of contemporary learning strategies: <ul style="list-style-type: none"> • Interactive discussion • Small group work • Five-step model for teaching clinical skills • Deliberate practise • Simulation • Role-play • Think–pair–share • Lecture 	✓	✓	<p>A CPD Education Activity should employ contemporary learning strategies such as:</p> <ul style="list-style-type: none"> • Interactive discussion – a presentation that involves facilitated discussion using structured questioning to deliver content and get learners to engage with the content and each other. • Small group active learning – think–pair–share is one such example. It involves the learner thinking about a problem or question individually, sharing their thoughts with a partner, then each pair sharing their discussion with the whole group. This encourages active engagement along with opportunities for reflection.
<input type="checkbox"/> Rationale for the activity chosen (eg role-play to practise communication skills, interactive discussion to apply knowledge)	✓	NA	<ul style="list-style-type: none"> • Clinical skills teaching using the five-step model of skill acquisition – visualisation, verbalisation (instructor then learner), practice with feedback. • Deliberate practise – relevant for acquisition of clinical skills. The learner practises the elements that they need to practice so that there is an assessment of their skills first and then practice is

Evidence	CPD Accredited Activity	CPD Activity	Explanation
			<p>tailored to their individual learning needs.</p> <ul style="list-style-type: none"> • Simulation – clinicians learn skills in a simulated clinical environment. This may be low-fidelity with clinical skills teaching on manikin parts, or higher fidelity where patient actors or full body manikins are used. • Role-play – often used to practise skills such as communication, breaking bad news and giving feedback. They may involve the learners playing roles or having trained actors play the roles of patients. • Lecture – more didactic, where a facilitator is presenting content to learners. This type of activity should have restricted use in a CPD Accredited Activity, given having a large number of lectures is not consistent with adult learning principles and active learning <p>It should be clear from the design of a CPD Accredited Activity why a particular methodology is chosen. The methodology needs to help the learner achieve the learning outcome. For example, if the learning outcome is about acquiring particular knowledge, an interactive discussion may be appropriate. However, if the learning outcome is for participants to be able to administer an injection, an interactive discussion on its own would not be appropriate as participants need an opportunity to practise the skills (eg on a manikin).</p> <p>Providers need to map their learning outcomes to the planned activities and provide this in their application for a CPD Accredited Activity.</p>

3.3 The learning activities are designed to facilitate active learning and engagement with peers*

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Description of how learners will interact with each other (eg think-pair-share, small group discussion)	✓	✓	<p>A key principle of adult learning is engaging learners with content, the facilitator and each other. For an activity involving GPs learning as a group, there needs to be opportunities for interaction in the design of the activity. This may include small group discussions, pair activities, practising and critiquing each other's performance.</p> <p>Similarly, active learning opportunities should be incorporated into the activity design (eg through questioning, think-pair-share, small group discussion, worksheets, quizzes, practise).</p> <p>The activity should also provide opportunities to support peer engagement – for example, through</p>
<input type="checkbox"/> Active learning strategies incorporated in the activity design: <ul style="list-style-type: none"> <input type="checkbox"/> Questioning <input type="checkbox"/> Think-pair-share <input type="checkbox"/> Small group discussion <input type="checkbox"/> Worksheets 	✓	✓	
<input type="checkbox"/> active learning strategies incorporated into the online activity design eg:	✓	✓	

<ul style="list-style-type: none"> • interactive forum/chat • facilitator feedback • synchronous or asynchronous discussions or debates • online community of practice • Peer case discussions 			<p>networking opportunities, sharing good practice/ideas, and communities of practice.</p> <p>For online learning activities the learner is encouraged to interact and engage with peers and facilitators</p>
---	--	--	---

*Not applicable if an audit activity

3.4 The learning activities are sequenced to facilitate achievement of the learning outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Timetable with logical sequencing and time allocation indicated	✓	✓	<p>The design activity element also involves sequencing the learning activities in a logical manner and in a way that facilitates achievement of the learning outcomes. The sequence should be assessed by reviewing the timetable and asking the following questions:</p> <ul style="list-style-type: none"> • Are the learning activities sequenced logically – for example, theory before practise, simple before complex? • Is there adequate time allocated for the activity? For example, 10 minutes for a role-play on breaking bad news, including a debriefing after the role-play and discussion of outcomes, would be insufficient. <p>For CPD Accredited Activities, the design should include a rationale for the sequencing. It may be that some content should be provided before a particular aspect of the activity (eg provision of knowledge before application of the knowledge). It could be that there is a need to revise concepts before introducing new content, or offering a demonstration before practise.</p>
<input type="checkbox"/> Description of rationale for sequencing (eg 'scaffolding' the learning from previous session, opportunity to practise after demonstration)	✓	NA	

3.5 There are opportunities for participants to receive feedback on their progress towards achievement of the learning outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<p>Formative assessment opportunities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbal feedback from facilitator/s <input type="checkbox"/> Written feedback from facilitator/s <input type="checkbox"/> Answering questions <input type="checkbox"/> Peer review – feedback from other participants <input type="checkbox"/> Self-reflection – observation of peers and comparison with participant’s own performance <input type="checkbox"/> Written tests (eg multiple-choice questions) <input type="checkbox"/> Formal tools such as direct observation of procedural skills (DOPs) or Mini-Clinical Evaluation Exercise (Mini-CEX) <input type="checkbox"/> Comparison of participant’s audit results those of others 	✓	✓	<p>Adult learning principles also clearly require learners to receive feedback on their achievement of learning outcomes as they progress through an activity. This is often referred to as ‘formative assessment’. There are a number of ways in which learners can receive feedback. For example:</p> <ul style="list-style-type: none"> • Individual reflection – structured reflective activities, observation of peers, answering questions • Facilitator-driven techniques – verbal or written feedback following observation • Formal assessments such as DOPS, Mini-CEX, written tests • Peer-driven techniques such as peer review, peer critique

3.6 The content is evidence based and consistent with contemporary practice

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<ul style="list-style-type: none"> <input type="checkbox"/> Reference list is provided for the content in the learning activity 	✓	✓	<p>CPD education needs to demonstrate evidence-based content that is consistent with contemporary practice. An up-to-date reference list to support the content should be provided.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Evidence of presentation slides 	✓	✓	<p>A sample of the presentation slides and learning materials may be required. If content has been developed as an online module, a username and password must be provided for access to the online platform.</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Evidence of contemporary practice (eg RACGP clinical resources, audit, health pathways developed by PHNs, community/other resources) 	✓	NA	<p>For CPD Accredited Activities there should also be a description of how the content of the activity reflects contemporary practice. This does not mean that the activity cannot present innovative material, but the evidence for the innovative content should be presented to justify its presentation.</p>

3.7 The content is not influenced by sponsorship or commercial interests

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Process is described for acknowledging any sponsorship associated with the activity	✓	✓	CPD Accredited Activities and CPD Activities must clearly indicate how commercial interest and sponsorship is relevant to the specific activity and how it will be disclosed. (eg at the beginning of the activity, with signage, with a disclaimer form). Sponsors need to be identified and the nature of the sponsorship described.
<input type="checkbox"/> Commercial interest disclosure process described	✓	✓	

3.8 The number of participants is limited to facilitate achievement of the learning outcomes*

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Number of activity participants	✓	✓	For a CPD Accredited Activity, the design should indicate a maximum number of activity participants and the rationale for that maximum. It may be that physical space dictates the maximum number of participants, and depending on the activity this may be appropriate. However, the maximum number of participants may be determined by the need to best facilitate learning – for example, a high-fidelity simulation might limit numbers to two groups of six GPs, with one facilitator per group to facilitate the simulation and debriefing. There is no limit on the number of participants for CPD Activities.
<input type="checkbox"/> Description of rationale for the maximum numbers	✓	NA	

*Not applicable for an audit activity

3.9 Prerequisites and/or pre-activity requirements are relevant to the activity aim and learning outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> List and description of prerequisites and/or pre-activity requirements	✓	✓	An activity needs to have a pre-activity requirement. Examples of these include review of an article, completion of a questionnaire, and review of patient data.
<input type="checkbox"/> Description of rationale for the prerequisites and/or pre-activity requirements and their link to the activity aim/learning outcomes	✓	NA	The pre-activity requirements need to be listed and a rationale for each – that is, why they are warranted and how do they link to the activity aim or learning outcomes? Pre-activity requirements should be reasonable in volume and time taken. For example, a list of 15 articles to read before attending an activity is

Evidence	CPD Accredited Activity	CPD Activity	Explanation
			<p>unreasonable for busy clinicians and the majority are unlikely to complete this. Consider what would the implications of not completing this pre-activity requirement be on the conduct of the activity. For example, is it presumed knowledge and if participants did not read the articles, they would be unable to engage in discussion of the content?</p> <p>The provider should submit a rationale for the pre-activity and explain how it links to the learning outcomes for the CPD Accredited Activity.</p>

SAMPLE

Activity element 4 – Delivery

This element requires consideration of the logistics of implementing the described activity. Are sufficient resources available – in terms of facilities and staffing – to support the activity? Facilitators must also meet the required standards to ensure they have the experience and expertise to help GPs achieve the learning outcomes.

For CPD Accredited Activities, providers must outline where the activity will be undertaken and the resources available to help learners achieve the learning outcomes.

4.1 The facilities and resources are appropriate for the delivery of the activity and adequate for the number of learners*

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Number and type of rooms: <ul style="list-style-type: none"> • Clinical skills laboratory • Debriefing room • Lecture room • Simulation laboratory • Tutorial room for small group work • Other – please describe 	✓	NA	<p>For CPD Activities, the provider should ensure that facilities and resources are appropriate to support delivery</p> <p>For CPD Accredited Activities, there needs to be appropriate physical resources to support the activity.</p> <ul style="list-style-type: none"> • Are there adequate rooms (type and size) for the designed activity and participant numbers? For example, if there is to be clinical skills teaching, a lecture auditorium is not appropriate. If there will be debriefing of participants after a simulation, is there a separate debriefing room? If there are break-out groups, are there enough rooms for the groups? A floor plan might help determine if rooms are of adequate size and number for participants.
<input type="checkbox"/> Physical resources to support learner numbers: <ul style="list-style-type: none"> • Equipment to support learning adequate for numbers (eg computers) • Number of part task trainers to support skills training • Room size and adequate seating 	✓	NA	<ul style="list-style-type: none"> • Is there enough equipment to undertake the activity (eg number of part task trainers for a clinical skills session, number of flip charts for an activity involving five small groups)? If computers are required, are enough provided or must participants bring their own?
<input type="checkbox"/> Physical equipment to support activities: <ul style="list-style-type: none"> • Data projectors • Flip charts • Printing facilities • Whiteboards 	✓	NA	
<input type="checkbox"/> A schematic of the venue (eg number and type of rooms)	✓	NA	
<input type="checkbox"/> Online learning platform appropriate to support the activity	✓	✓	<p>If the activity has been designed as an online activity, the online learning platform must be appropriate to support the activity:</p> <ul style="list-style-type: none"> • Will the online environment engage the participant and provide learning opportunities? For example, is it easy to access and navigate, and does it offer facilitator feedback functionality and online forums to encourage collaboration?

4.2 The number of facilitators is appropriate for the delivery of the activity*

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Number of facilitators <input type="checkbox"/> Facilitator-to-learner ratio	✓ ✓	✓ NA	<p>For a CPD Accredited Activity that involves more than one learner, the activity design should indicate the total number of learners and facilitator/s and therefore the learner-to-facilitator ratio. Where variation occurs, this needs to be stated for each of the learning activity – for example, session 1 (interactive discussion): 15 learners, one facilitator; session 2 (skills training): five learners, one facilitator.</p> <p>No minimum learner-to-facilitator ratio is required for CPD Activities.</p>

4.3 The facilitators are appropriately qualified or experienced to facilitate the activity

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Qualifications and/or experience of each facilitator member	✓	NA	<p>It is important to ensure that CPD education is facilitated by appropriately qualified facilitators.</p>
<input type="checkbox"/> Description of why the qualification mix is appropriate for this activity	✓	NA	<p>For CPD Activities, the provider must ensure facilitators are appropriately qualified to conduct the activity, (ie not suspended or deregistered)</p>
<input type="checkbox"/> Facilitators are in 'good standing' (refer to Australian Health Practitioner Regulation Agency [AHPRA] criteria for good standing)	✓	NA	<p>For CPD Accredited Activities, providers should submit a description of each facilitator's experience and expertise and a description of the rationale for their use for the activity. For example, a course with simulation would require facilitators skilled at simulation and debriefing; a course on a specific content area requires someone with expertise in that area.</p>
<input type="checkbox"/> Description of audit provider's experience with GP audits (if activity is an audit)	✓	NA	<p>There may be other specific requirements for some activities – for example, advanced life support must only be taught by accredited trainers.</p> <p>Facilitators do not need to be GPs or medical practitioners. Depending on the learning outcomes, nursing, allied health and non-health professionals can still be appropriate facilitators. An activity assisting new GPs in financial management may have an accountant as facilitator.</p> <p>Facilitators need to be in 'good standing' with their profession. For clinicians, evidence of good standing with AHPRA is required, for non-clinicians, reference checks should be undertaken.</p> <p>For audits undertaken by an external provider, a description of the provider's experience in conducting GP audits should be provided.</p>

Activity element 5 – Assessment

Assessment of learning is necessary to determine if learning outcomes have been achieved. The amount of assessment will vary depending on the type of activity, and may involve self-assessment or assessment by others during or at the end of an activity.

A description of how learning will be assessed – be it formal or informal assessment – should be included in the program overview for CPD Accredited Activities.

For CPD Activities, strategies for assessment need not be incorporated.

5.1 Assessments are implemented to measure achievement of the learning outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Formal assessments: <ul style="list-style-type: none"> • DOPs • Mini-CEX • Written tests (eg multiple-choice, short answer, true/false and extended match questions) <input type="checkbox"/> Informal assessments: <ul style="list-style-type: none"> • Self-assessment • Quizzes 	✓	NA	For CPD Accredited Activities using formal assessments, the type of assessment should be listed. Examples are provided in the evidence list; however, this list is not exhaustive, and other assessments may be appropriate.

5.2 Assessment methods are evidence-based, valid, reliable and feasible

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Literature supporting use of assessment methodology	✓	NA	The assessment methodology should be evidence-based and both valid and reliable. Providers should describe how they have considered the validity of the assessment chosen – for example, linking to learning outcomes, demonstrating that the methodology is well accepted for assessing the content (eg multiple-choice questions for knowledge). Where assessors are used, the provider should describe how reliability of assessment is supported (eg via assessor training). Where relevant, contemporary literature may be cited to support the use of a more formal assessment tool such as Mini-CEX.
<input type="checkbox"/> Methods for ensuring validity (eg link to learning outcomes)	✓		
<input type="checkbox"/> Methods for ensuring reliability of assessments(eg assessor training)	✓		

5.3 Participants receive feedback on their assessment outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Description of how assessment results are communicated to learners: <ul style="list-style-type: none"> • During activity • Post-activity • Verbal • Written 	✓	NA	<p>It is important that the participants receive feedback on their assessment results. Where quizzes are used during an activity, feedback could be immediate. In other instances, participants might undertake assessment at the end of an activity and receive results later.</p> <p>The provider should describe how assessment results will be communicated to learners either during or after an activity.</p>

5.4 A reinforcing activity to promote self-reflection and application of learning is provided

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Description or copy of reinforcing activity	✓	NA	<p>After completing an activity, GPs should be encouraged to apply what they have learnt to their practice. A description and copy of a reinforcing activity should be provided that highlights how the GPs will be prompted to self-reflect and apply what they have learnt in their workplace.</p> <p>The reinforcing activity needs to be clearly linked to the learning outcomes of the CPD Accredited Activity.</p>

Activity element 6 – Evaluation

All activities should be evaluated and the information used to improve the activity quality for future implementation. The evaluation strategy will vary from activity to activity but should involve learners. The evaluation method should be developed in conjunction with planning the activity. The evaluation may require evaluating several perspectives (eg learners, facilitators, 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 evaluation of a CPD Accredited Activity needs to be summarised and reviewed, with recommendations for change if the activity is to be re-implemented.

6.1 An evaluation strategy is implemented to assess all elements of the activity from design to delivery

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Outline and examples of the evaluation strategy <ul style="list-style-type: none"> • Focus group • Post-activity electronic survey • Self-reflection • Written questionnaire • Other – please describe 	✓	✓	<p>For a CPD Activity, the provider should retain evidence of its internal evaluation strategy that articulates how the provider will review and improve the quality of an activity for future implementation.</p> <p>For a CPD Accredited Activity, the evaluation methodology to be used should be described, including who will be involved in evaluating (eg facilitator, participants, external expert), and how the evaluation will be undertaken (eg questionnaire, focus group). While it is appropriate for facilitators to be involved in evaluation, it is important that learners have an opportunity to provide feedback on an activity in regard to how it supported their learning and how it might be improved. Learners should also given opportunity to provide feedback on facilitators to assist in facilitator development.</p>

6.2 There is a quality improvement process clearly documenting the activity review process and outcomes

Evidence	CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> Process for reviewing evaluation data: <ul style="list-style-type: none"> • Who is responsible for collating data and making recommendations for change? • Who reviews recommendations and makes changes to the activity design or delivery as a result of evaluations? • Examples of changes to the activity as a result of previous evaluation data 	✓	✓	<p>The process for reviewing evaluation data and how it will be used to improve the activity quality should be described. This includes who will review, how recommendations for change will be determined, a time frame for implementing change and whether the change is related to design or delivery. Where an activity has previously been conducted, a provider may include examples of how an activity has been improved in the past.</p>

6.3 Participant evaluations are collated and shared with facilitators, the GP involved in design of the activity and the RACGP*

Evidence		CPD Accredited Activity	CPD Activity	Explanation
<input type="checkbox"/> How do facilitators receive evaluation data? <ul style="list-style-type: none"> • Group debrief post-activity • Individual data • Online access • Other – please describe 	✓	NA		Evaluation data should be shared with facilitators to assist in their development and improve future activities in which they are involved. Feedback may be in the form of a written summary, review of individual evaluation data, etc.

*not required for an audit activity

SAMPLE

Attachment 1: Session Plan template for a CPD Accredited Activity

The following template is provided to assist providers in submitting a program for a CPD Accredited Activity. Key elements include timing, delivery mode, interactivity, facilitators and links to the learning outcomes. **It is important to ensure that adequate information is included to allow a clear picture of each session.**

CPD Accredited Activity title: Sports medicine update							
Date:	06/09/XX	Location/venue:	Royal Adelaide Hospital	Duration:	4 hours		
Number of participants (maximum)	30	Number of Facilitators (minimum)	3	Rationale for maximum number (eg venue size, nature of activities):	A ratio of one facilitator to 10 participants is required to conduct the basic examination skill session and provide feedback		
Timing (duration the sessions)	Topic and description of content	Delivery mode and rationale	Interactivity (include example questions that will be asked)	Facilitators	Learning outcomes to be covered	Opportunities for feedback	Assessment of learning
60 minutes	Common sporting injuries – three 20 minute presentations: <ul style="list-style-type: none"> • Common knee injuries in athletes • A guide to managing foot and ankle pain • Shoulder pain - diagnosis and management 	Presentations of diagnosis and management of common sporting injuries of the knee, foot, ankle and shoulder to provide baseline knowledge	Three short presentations of the key points to look for in assessment and management. Presentation to include questions, pictures, and X-Rays to illustrate concepts. Group polling will be used of questions with immediate feedback of the group responses. Questions will be true/false or multiple choice. Possible examples include: True/false: X-Ray is an essential investigation in the diagnosis of knee injuries	Dr X	Learning outcome 1	Self-reflection about content	Self-evaluation of current sports medicine knowledge. Quiz questions will be used during the presentations using group polling and group feedback.”

CPD Accredited Activity title: Sports medicine update							
Date:	06/09/XX	Location/venue:	Royal Adelaide Hospital	Duration:	4 hours		
Number of participants (maximum)	30	Number of Facilitators (minimum)	3	Rationale for maximum number (eg venue size, nature of activities):	A ratio of one facilitator to 10 participants is required to conduct the basic examination skill session and provide feedback		
Timing (duration the sessions)	Topic and description of content	Delivery mode and rationale	Interactivity (include example questions that will be asked)	Facilitators	Learning outcomes to be covered	Opportunities for feedback	Assessment of learning
			<p>Multiple choice:</p> <p>Which of the following is <i>incorrect</i>?</p> <ol style="list-style-type: none"> 1. Most ankle sprains heal within 2-6 weeks 2. Grade 3 tears can result in joint instability 3. X-Rays are an important part of the diagnosis of ankle injuries where there is inability to weight bear 4. Sprains of the deltoid ligament are the most common form of ankle sprain 				
75 minutes	<p>Case based discussion</p> <p>Four scenarios for group discussion:</p> <ol style="list-style-type: none"> 1. 23 year old lady injures her knee while playing netball 	Cases to be discussed in small groups with feedback to the larger group for application of knowledge	Small group activity of case discussion. Four scenarios of common sporting injuries will be provided with guiding questions to	Dr X, Y and Z	Learning outcome 1	Feedback on cases from peers and facilitator	Successful diagnosis and management discussed; no specific quiz questions are included. The

CPD Accredited Activity title: Sports medicine update							
Date:	06/09/XX	Location/venue:	Royal Adelaide Hospital	Duration:	4 hours		
Number of participants (maximum)	30	Number of Facilitators (minimum)	3	Rationale for maximum number (eg venue size, nature of activities):	A ratio of one facilitator to 10 participants is required to conduct the basic examination skill session and provide feedback		
Timing (duration the sessions)	Topic and description of content	Delivery mode and rationale	Interactivity (include example questions that will be asked)	Facilitators	Learning outcomes to be covered	Opportunities for feedback	Assessment of learning
	2. 50 year old with painful heel after starting an exercise program 3. 28 year old swimmer with shoulder pain 4. Ankle injury in a 44 year old tennis player		take the group through the case. Questions include 1. What is your most likely diagnosis? 2. Are there any investigations you would do? 3. What is the management? 4. What are the potential complications? Feedback will be provided to the larger group with comment provided by the groups and the facilitator.				questions are part of the small group discussion (see under "Activities")
90 minutes	Practical skills in the areas of: <ul style="list-style-type: none"> Examination of the knee and shoulder Strapping an ankle 	Practical skills sessions to develop and refresh procedural skills related to the topic. Participants to rotate through the stations (30 minutes each)	Three practical skills stations. Initial demonstration followed by participants	Dr X, Y and Z	Learning outcomes 2-4	Feedback from facilitators in stations	Facilitators to provide feedback as they rotate through the groups.

CPD Accredited Activity title: Sports medicine update							
Date:	06/09/XX	Location/venue:	Royal Adelaide Hospital	Duration:	4 hours		
Number of participants (maximum)	30	Number of Facilitators (minimum)	3	Rationale for maximum number (eg venue size, nature of activities):	A ratio of one facilitator to 10 participants is required to conduct the basic examination skill session and provide feedback		
Timing (duration the sessions)	Topic and description of content	Delivery mode and rationale	Interactivity (include example questions that will be asked)	Facilitators	Learning outcomes to be covered	Opportunities for feedback	Assessment of learning
	<ul style="list-style-type: none"> Shoulder injections 		<p>working in pairs and practising on each other.</p> <p>The shoulder injection station will use models.</p>				Feedback will also be provided by peers as participants work in pairs
15 minutes	Quiz – 15 minute quiz to reinforce knowledge with opportunities to ask questions from the previous sessions.	Question and answer session to reinforce learning from the day	<p>Quiz will use polling so that participants receive immediate feedback which is discussed by the presenter in the large group.</p> <p>Possible examples include:</p> <p>Which of the following is a risk factor for plantar fasciitis?</p> <ol style="list-style-type: none"> Younger ages Prolonged standing on hard surfaces Wearing new runners even if well fitted Swimming 	Dr X	Learning outcome 1- 4	Answers provided to questions to allow self-assessment	Immediate feedback in terms of answers to quiz questions allows self-assessment of knowledge. For examples, see "Activities"

CPD Accredited Activity title: Sports medicine update							
Date:	06/09/XX	Location/venue:	Royal Adelaide Hospital	Duration:	4 hours		
Number of participants (maximum)	30	Number of Facilitators (minimum)	3	Rationale for maximum number (eg venue size, nature of activities):	A ratio of one facilitator to 10 participants is required to conduct the basic examination skill session and provide feedback		
Timing (duration the sessions)	Topic and description of content	Delivery mode and rationale	Interactivity (include example questions that will be asked)	Facilitators	Learning outcomes to be covered	Opportunities for feedback	Assessment of learning
			<p>With respect to adhesive capsulitis (frozen shoulder), which of the following is true:</p> <ol style="list-style-type: none"> 1. Most cases of adhesive capsulitis will last about 12 months 2. CT or MRI are the preferred first line investigations 3. Ongoing physiotherapy is the best management of adhesive capsulitis 4. 40% of people may have ongoing restriction of movement without significant pain 				

Please note a session plan is not required to support an application for a Supervised Clinical Attachment

Attachment 2 – Audit plan template – Example

The following template, with example entries, is provided to assist providers in submitting an audit (clinical or practice) program for a CPD Accredited Activity.

CPD Accredited Activity title: Audit – Management of patients diagnosed with chronic obstructive pulmonary disease (COPD) in general practice						
Duration of audit	Topic	Delivery mode and rationale	Self-reflection opportunity	Feedback opportunity	Quality improvement opportunity	Learning outcome/s to be covered
6 months	Review and record management plans for 10 patients diagnosed with COPD – individual practice data	Online audit program – provides GP with data to record details	No	No	No	Learning outcome 1
1 hour	Review of audit feedback report	Written report delivered online – opportunity to benchmark own practice against Australian COPD guidelines	Yes	Yes – against current Australian guidelines	Yes	Learning outcome 2
1 hour	Reflection on learning and action plan	Individual written action plan to be developed – impact of review on patient care and future plans for change of practice including how they will be implemented	Yes	Yes – response from audit provider to action plan	Yes	Learning outcome 3
6 months	Review patient records previously identified	Online recording of data of changes that have been implemented for patients previously identified	No	No	No	Learning outcome 1
1 hour	Review of audit feedback report	Written report delivered online – opportunity to review current with previous management and comparison to current guidelines	Yes	Self-reflection using current guidelines	Yes	Learning outcome 2
1 hour	Reflect on changes made to practice and impact on management	Individual reflection about changes to practice and impact on patient care	Yes	Self-reflection	Yes	Learning outcomes 2 and 3

Attachment 3: Program template for a CPD Activity – Example

The following template, with example entries, is provided to assist providers in submitting a program for a CPD Activity. Key elements include timing, delivery mode, interaction and facilitators.

CPD Activity title: Pregnancy care in general practice							
Location/venue	Mercy Hospital, Melbourne						
Date	07/03/XX	Number of participants	35	Number of facilitators	2	Duration	3 hours
Time	Topic/activity	Facilitator/s	Duration	Delivery mode	Opportunities for Interactivity*		
8.30 am	Registration	–	–	–	–		
9.00 am	First trimester screening	Prof B	30 mins	Presentation	Large group with opportunity for questions/answers		
9.30 am	Common causes and management of pain and bleeding in early pregnancy	Dr A	30 mins	Presentation	Large group with opportunity for questions/answers		
10.00 am	Case discussions	Dr A	30 mins	Group discussions	Small group discussion		
10.30 am	Morning tea	–	30 mins	–	–		
11.00 am	Infections and vaccinations in pregnancy	Dr B	30 mins	Presentation	Large group with opportunity for questions/answers		
11.30 am	Case discussions	Dr B	30 mins	Group discussions	Small group discussion		
12.00 pm	Birth options and shared maternity care with Mercy Hospital	Dr A	30 mins	Presentation	Large group with opportunity for questions/answers		
How does this activity provide opportunities for reflection?			Case discussions provide opportunity to apply topics learnt to clinical situations. Participants will also be asked to reflect within their group discussions if they would implement any of the topics in their clinical practice and, if so, what may be the likely impact.				
How does this learning activity encourage engagement with peers?			Participants will have opportunities to engage with peers during group discussions.				

Appendix 2: A guide to writing learning outcomes

Introduction

All RACGP Continuing Professional Development (CPD) Program education 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 the components of the education – that is, specific topics the activity will address. All activities must include a learning outcome that addresses a systems-based approach to patient safety.

Learning outcomes versus learning objectives

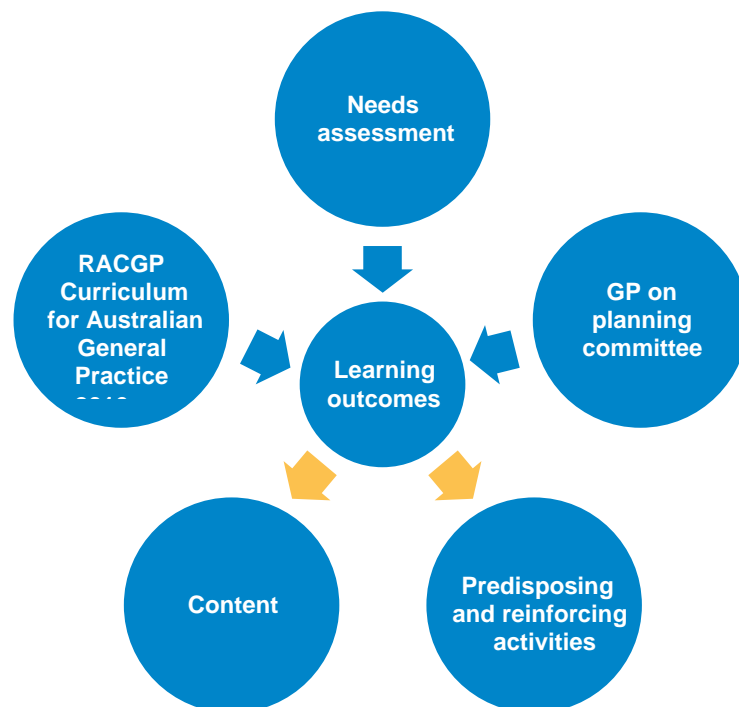
Learning outcomes are crucial to the design of CPD education.

The following terms are used in this guide:

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

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

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



How will learning outcomes assist development of CPD education activities?

Learning outcomes assist all people involved in the development of activities.

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

How to create learning outcomes

The standard practice is to write learning outcomes in the SMART format (specific, measurable, achievable, relevant, timely).

- **Specific** – the learning outcomes specify exactly what GPs will be able to know or do at the end of the educational activity. They should use action verbs (eg identify, describe, practise, analyse).
- **Measurable** – learning outcomes need to be measurable so that GPs whether they have achieved them. How can achievement of the learning outcome be measured? For example, if a learning outcome is 'resuscitate a patient' yet the activity is in a simulation centre with no real patients, how can the ability to resuscitate a patient be assessed, other than if the participant is observed doing so in their workplace? The outcome is therefore not measurable. It would be better written as 'demonstrate resuscitation skills on a manikin'.

Some verbs, such as 'understand', are difficult to measure. What is the intent behind 'understand'? A better verb would be 'describe', which is measurable.

- **Achievable** – the learning outcomes for an activity need to be achievable in the time allocated for that activity. For example, if the outcome is 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 in a one-hour lecture.
- **Relevant** – this is linked to the need's assessment data. Learning outcomes for an activity should be directly related to the data obtained in the needs assessment in order to be relevant. Relevance also applies to the level of Bloom's taxonomy to which the learning outcome relates. Learning outcomes at the lower levels of Bloom's taxonomy are relevant for novices or for new content. For GPs familiar with the initial or basic concepts, the content will only be relevant if the learning outcome is at higher levels of Bloom's taxonomy, requiring GPs to apply their knowledge and skills.
- **Timely** – Learning outcomes should indicate the time in which they will be achieved (eg by the end of the audit, discussion or course). This need only to be written once at the top of all the learning outcomes.

When developing learning outcomes, it is useful to think in terms of the following statement: 'By the end of this activity, participants will be able to ...'.

Choosing the correct verb is critical and must be tied into the activities. Unless participants are to be given opportunities to discuss, describe or analyse, these verbs should not be used in the learning outcome. Ensure content and activities are aligned to the learning outcomes.

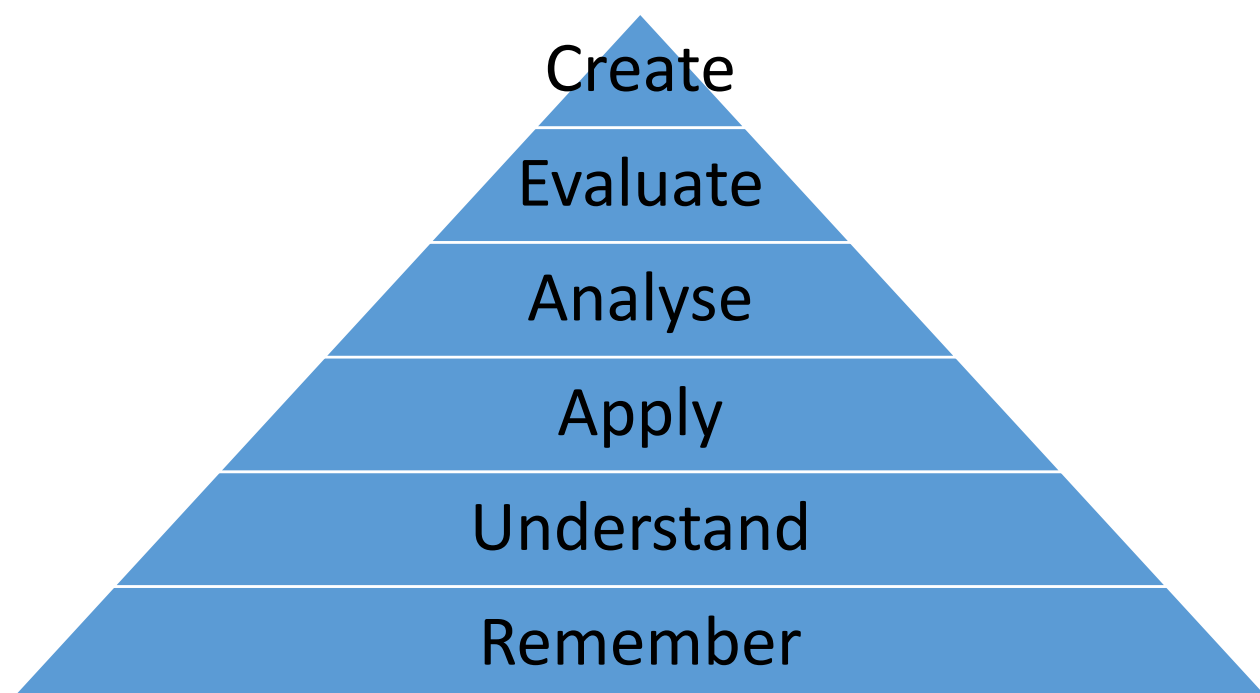
'By the end of this activity, participants will be able to [action verb] + [outcome]' is a useful general format for writing learning outcomes.

Bloom's taxonomy and appropriate verbs for writing learning outcomes

Bloom's taxonomy describes levels of learning (a hierarchy) in the cognitive domain.

Consideration needs to be given to the level of Bloom's taxonomy to which the learning outcomes relate. Lower levels of Bloom's taxonomy are applicable if the content is new or the learner is a novice in the area. If the learner has existing knowledge and skills, the learning outcomes should be at higher levels of Bloom's taxonomy. A variety of levels would be apply for a longer course.

The following diagram illustrates Bloom's taxonomy:



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 Bloom's taxonomy that the learning will address. The following table features the six cognitive processes and appropriate verbs that can be used when writing learning outcomes.

Lower-order thinking skills  Higher-order thinking skills

Remember	Understand	Apply	Analyse	Evaluate	Create
List	Explain	Apply	Analyse	Evaluate	Create
Identify	Describe	Solve	Compare	Judge	Design
Recall	Interpret	Relate	Contrast	Determine	Compose
Define	Classify	Implement	Distinguish	Recommend	Generate
Label	Demonstrate	Execute	Differentiate	Defend	Plan
Reproduce	Predict	Construct	Organise	Measure	Produce
Copy	Summarise	Show	Attribute	Assess	Integrate

Remember	Understand	Apply	Analyse	Evaluate	Create
Quote	Relate		Prioritise	Discriminate	Modify
State	Infer	Choose	Appraise	Defend	Role-play

Adapted from Anderson LW, Krathwhol, DWA, editors. Taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives. Abridged 1st edn. New York: Addison Wesley Longman, 2001.

Learning outcomes examples

Poorly written, vague learning outcomes:

By the end of this activity, participants will be able to:

- *understand how a skin check is undertaken*
- *know a situation in which a skin check is necessary.*

More concise learning outcomes:

By the end of this activity, participants will be able to:

- *demonstrate how a skin check is undertaken*
- *identify a situation in which a skin check is necessary*
- *implement practice processes to increase recording of patients' risk factors for skin cancers to align with best practice*
- *implement practice processes to monitor and increase the number of patients for whom a skin check is performed.*

Beware of vague verbs and phrases:

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

How can these be measured?

Well-written, measurable learning outcomes:

By the end of this activity, participants will be able to:

- *use course reference materials and specialist information to identify effective referral pathways and options to ensure continuity of patient care*
- *explain how to implement an efficient and cost-effective telehealth service within the GP's own practice workflow*
- *develop a checklist to help patients experiencing menstrual pain identify serious or life-threatening conditions*
- *discuss confidentiality and its limits with respect to adolescents*
- *undertake a comprehensive psychosocial assessment*
- *differentiate between differing subtypes of clinical depression*
- *develop a comprehensive management plan derived from the patient's experience of a depressive episode*
- *assess and manage risk in the depressed patient*
- *develop a comprehensive management plan derived from the formulation of the depressive episode*
- *distinguish between normal anxiety and clinically significant anxiety disorders*
- *identify common avoidance and safety behaviours, and the central role they play in anxiety disorders.*

Systems-based patient safety learning outcomes

Where applicable a system based patient safety learning outcome is encouraged.

Systems-based patient safety learning outcomes provide GPs with a structure they can implement upon return to their practice.

A systems-based patient safety learning outcome is:

- based on gaps in practice processes or systems as identified in the **evidence-based needs assessment**
- demonstrated by, or referred to in, the **program content**
- highlighted in the **predisposing or reinforcing activity**
- referred to in the program **evaluation**.

All education activities must include at least one learning outcome that specifically addresses a **systems-based approach to patient safety**.

Examples of current systems in general practice:

- **Administration processes** – recording and filing systems; appointment and communication systems; reporting test results; recall and reminders; computer systems; patient identification; after-hours care; and confidentiality of information.
- **Treatment processes** – maintenance of equipment, including sterilisation of equipment and use of pathology equipment, and collection, storage and handling of specimens.
- **Medication processes** – writing, transcribing and dispensing medications, including vaccines; patient understanding and compliance with instructions; use of over-the-counter medications; format or display of consumer medication information; management of medications for multiple conditions; and calculation of dosages for children.
- **Communication processes** – communication between patient and GP (especially patients with limited English or poor health literacy); referrals to hospitals and other providers; hospital discharges; and communication between providers.

Examples of patient-safety learning outcomes:

By the end of this activity, participants will be able to:

- *evaluate an injured patient with suspected concussion using the Child and Adult Sport Concussion Assessment Tool – 3rd edition (SCAT3), and recommend appropriate action*
- *identify the criteria for immediate referral of patients with anorexia nervosa to a hospital emergency department*
- *review the use of emergency drugs in the clinical setting and determine whether current supplies require updating*
- *manage a suspected cardiac arrest using the standardised approach of the Australian Resuscitation Council cardiac arrest algorithm*
- *outline the routine antenatal tests required for any pregnant woman of advanced maternal age.*