



RACGP <sup>CPD</sup>

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

2023  
—25

## Continuing Professional Development (CPD) Program: Provider handbook 2023–25 triennium

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

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

# Introduction

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

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

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

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



# Overview of the CPD Program

## Continuing professional development (CPD)

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

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

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

## The RACGP CPD Program and the MBA mandated changes

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

### MBA mandated changes

The MBA has changed what CPD looks like for doctors of every specialty, including GPs. The changes are extensive and stem from the objective to strengthen CPD under the MBA's [Professional Performance Framework \(PPF\)](https://www.medicalboard.gov.au/Professional-Performance-Framework.aspx). For more information visit [www.medicalboard.gov.au/Professional-Performance-Framework.aspx](https://www.medicalboard.gov.au/Professional-Performance-Framework.aspx). The most significant MBA-mandated change to impact CPD providers is the requirement for GPs to do different types of CPD activities, including a mix of:

- educational activities (knowledge and skills)
- measuring outcomes
- reviewing performance.

Refer to Figure 1 and Table 1.

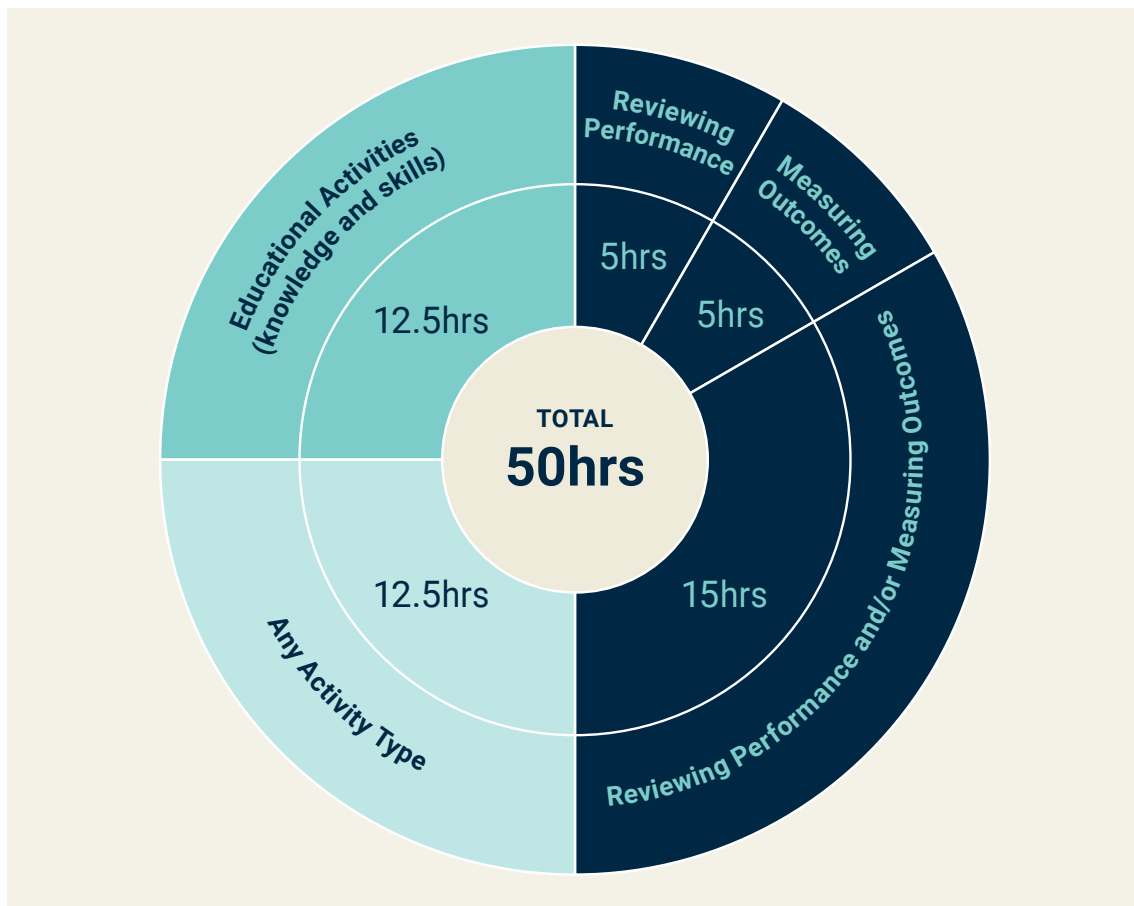


Figure 1. Minimum requirements by CPD activity type and hours

**Table 1. Minimum requirements by CPD activity type and hours**

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

To accommodate these changes, the RACGP has redesigned their CPD program. The 2023-25 triennium commenced 1 January 2023 and conclude 31 December 2025.

## CPD activities linked to government initiatives or funding

### General Practice Mental Health Standards Collaboration

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

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

The GPMHSC accredits the following activities:

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

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

For more information visit [gpmhsc.org.au/InfoSection/Index/0c148ada-8c22-41f1-93b4-d6c5c7b19c00#](https://gpmhsc.org.au/InfoSection/Index/0c148ada-8c22-41f1-93b4-d6c5c7b19c00#)

## Rural Procedural Grants Program

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

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

The program is available to rural GPs who have qualifications in anaesthetics, obstetrics, surgery or emergency medicine.

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

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

At the end of the triennium, each activity must be resubmitted for approval. Activities are not automatically approved for the coming triennium.

Visit [www.health.gov.au/initiatives-and-programs/rpgp?utm\\_source=health.gov.au&utm\\_medium=callout-auto-custom&utm\\_campaign=digital\\_transformation](http://www.health.gov.au/initiatives-and-programs/rpgp?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation) for more information, including updates to criteria.

## Becoming an RACGP CPD provider

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

### 2020–22 Providers

Providers wishing to continue to deliver RACGP approved activities in the 2023–25 triennium must enter into a CPD provider Agreement. This document outlines the conditions and responsibilities of the parties in the development and delivery of CPD activities for the 2023–25 triennium.

### New providers

Applicants are required to complete the new CPD provider Application Form to answer a number of questions and evidence their ability to meet the CPD Standards ([Appendix 1](#)).

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

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

All new providers will be subject to a quality assurance assessment within 12 months (refer to [Appendix 1](#)).

## Provider eligibility criteria

As an RACGP CPD provider, you must meet the following criteria:

- You have read and agree to comply with both the RACGP CPD Standards and the RACGP *CPD provider handbook*.
- You will comply with the contractual requirements of being an RACGP CPD provider as outlined in the RACGP CPD provider Agreement.
- You have read the 2022 RACGP curriculum and syllabus for Australian general practice and will only deliver CPD activities that can be mapped to the curriculum. For more information visit [www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)
- Your organisation has an education background or has suitably qualified education staff, and you can meet the CPD activity and Provider requirements of being an RACGP CPD provider as outlined in the [RACGP – Continuing professional development \(CPD\) Standards](#).
- Your organisation has at least 12 months' demonstrated experience delivering education to GPs in Australia.
- You do not provide CPD activities on behalf of other organisations/third parties. Partnership arrangements as defined in the sponsorship and activity guidelines ([Appendix 5](#)) are acceptable.
- You do not offer education **exclusively on the following topics**:
  - cosmetic/aesthetics medicine without therapeutic benefits
  - medicinal cannabis.
- You acknowledge that any CPD activities on new, or evolving, medical areas will require review by the RACGP medical educators and/or subject matter experts, and you'll be required to cover the cost of this review at the RACGP's current hourly rate.
- Your activities may inform, but do not promote, specific goods, services, medical devices or pharmaceutical products.
- You have a website clearly advertising the education you offer to GPs.
- You understand your organisation will be audited as part of your RACGP CPD provider Agreement.
- You understand the RACGP may refuse your application based on the information you supply.

## CPD provider annual fees and value proposition

Refer to Table 2.

All providers will incur an annual fee covering costs associated with engagement for the year commencing 1 January 2025. This includes:

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

The fee is based on the provider's annual activity from 2024.

Providers only delivering cultural awareness and/or cultural safety training will not incur annual fees.

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

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

**Table 2. CPD provider annual fees and value proposition**

2025 Provider level*	Annual fee (subject to yearly CPI and excluding GST)	Annual CPD activities of any type (educational activities [knowledge & skills], reviewing performance and measuring outcomes)	Previous annual GP attendance uploads	Value proposition
<b>Entry level or new Provider</b>	<p>Total: \$1375</p> <p>Note: This fee includes a \$1100 entry-level fee and \$275 one-off set-up administration fee.</p> <p>Entry level is only applicable for the first year as a new Provider. The first year of activities and uploads will determine the following year's provider level.</p>	NA	NA	<ul style="list-style-type: none"> <li>• Two CPD representative (formerly 'Education Activity Representative – EAR') training places annually</li> <li>• Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo</li> <li>• Access to RACGP's 40,000 members and promotion of your activities via myCPD dashboard</li> <li>• Expert advice and personalised support to develop high-quality CPD activities as per Medical Board of Australia requirements</li> <li>• Dedicated relationship with locally based CPD Program Coordinator and Officer</li> <li>• CPD representative refresher workshops or webinar/s</li> <li>• CPD representative networking forum/s</li> <li>• Access to RACGP CPD resources and materials</li> <li>• Provider promotional listing on the RACGP CPD webpage</li> </ul>

2025 Provider level*	Annual fee (subject to yearly CPI and excluding GST)	Annual CPD activities of any type (educational activities [knowledge & skills], reviewing performance and measuring outcomes)	Previous annual GP attendance uploads	Value proposition
Level 1	\$1375	1–10	1–500	<ul style="list-style-type: none"> <li>Two CPD representative training places annually</li> <li>1–10 activities of any type</li> <li>Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo</li> <li>Access to RACGP's 40,000 members and promotion of your activities via myCPD dashboard</li> <li>Expert advice and personalised support to develop high-quality CPD activities as per Medical Board of Australia requirements</li> <li>Dedicated relationship with locally based CPD Program Coordinator and Officer</li> <li>CPD representative refresher workshops or webinar/s</li> <li>CPD representative networking forum/s</li> <li>Access to RACGP CPD resources and materials</li> <li>Provider promotional listing on the RACGP CPD webpage</li> </ul>
Level 2	\$ 3026	1–20	501 to <4000	<ul style="list-style-type: none"> <li>Four CPD representative training places annually</li> <li>1–20 activities of any type</li> <li>Use of RACGP CPD Provider logo and RACGP CPD Approved Activity logo</li> <li>Access to RACGP's 40,000 members and promotion of your activities via my CPD dashboard</li> <li>Expert advice and personalised support to develop high-quality CPD activities as per Medical Board of Australia requirements</li> <li>Dedicated relationship with locally based CPD Program Coordinator and Officer</li> <li>CPD representative refresher workshops or webinar/s</li> <li>CPD representative networking forum/s</li> <li>Access to RACGP CPD resources and materials</li> <li>Provider promotional listing on the RACGP CPD webpage</li> </ul>

\*Note: Provider levels are reviewed annually depending on activity numbers and GP attendance uploads. Multi-year payment option is also available. Additional CPD representative training incurs a \$600 (+GST) fee.

## Use of CPD Program logos and advertising

### Use of CPD Program logos

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

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



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

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

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



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

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

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

### Editable logos

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



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



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





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



Finally, when using this logo, GPs can recognise the activity has been approved for a **combination of CPD activity types**. Not all CPD activity types are required for a hybrid activity. Enter 00 for the CPD activity type not covered.

## Advertising CPD activities

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

- Providers must not use the RACGP CPD provider logo without having a current CPD approved activity.
- Providers must not use the RACGP CPD logo/strapline to advertise an RACGP CPD activity that is not approved by the RACGP CPD Program.
- Providers must not use the RACGP CPD logos or strapline on any other post-activity documents (for example, certificate or a diploma) issued by the provider.
- Providers can include the RACGP CPD logo or strapline on a statement of attendance or completion following completion of a CPD activity.

# RACGP CPD Activity Standards

The RACGP CPD Activity Standards (Activity Standards) inform the development of CPD activities for the RACGP CPD home under the MBA's [Professional Performance Framework \(PPF\)](#). For more information visit [www.medicalboard.gov.au/Professional-Performance-Framework.aspx](http://www.medicalboard.gov.au/Professional-Performance-Framework.aspx) Activity Standards for assessing CPD activities have been developed using evidence-based best practice education. Activity Standards represent key components of high-quality educational design, implementation and evaluation.

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

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

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

CPD providers will also need to meet the [RACGP – Continuing professional development \(CPD\) Standards](#).

## Characteristics of CPD activity types

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

**Table 3. MBA CPD activity types explained**

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

To explore a comprehensive list of activities and their activity type, visit [www.racgp.org.au/education/professional-development/cpd/2023-triennium](http://www.racgp.org.au/education/professional-development/cpd/2023-triennium)

## CPD program-level requirements

The following are the CPD program-level requirements:

### **Culturally safe practice –**

[www.amc.org.au/wp-content/uploads/2022/08/Criteria-for-AMC-Accreditation-of-CPD-Homes-August-2022.pdf](http://www.amc.org.au/wp-content/uploads/2022/08/Criteria-for-AMC-Accreditation-of-CPD-Homes-August-2022.pdf)

*The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020- 2025 provides the following definition: 'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. **Culturally safe practice** is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.' Consistent with the Strategy 2020-2025, it is expected that CPD activities allow critical reflection to improve clinical practice in relation to:*

- *Aboriginal and Torres Strait Islander approaches to health*
- *the continuing impact of colonisation, racism and bias on health outcomes on Aboriginal and Torres Strait Islander peoples*
- *rights-based approaches to improving health outcomes of and access to health services.*

### **Health inequities –**

[www.amc.org.au/wp-content/uploads/2022/08/Criteria-for-AMC-Accreditation-of-CPD-Homes-August-2022.pdf](http://www.amc.org.au/wp-content/uploads/2022/08/Criteria-for-AMC-Accreditation-of-CPD-Homes-August-2022.pdf)

*Different access and outcomes for different groups of people may present differently depending on the specialty and location of a practitioner's practice. Good medical practice recognises the role of the practitioner as a champion in the system and also the specialty responsibilities in securing equitable health experiences and outcomes for Aboriginal and Torres Strait Islander patients.*

### **Professionalism and ethical practice –**

[www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)

A GP's social contract with the community, which involves trust between the GP and the patient, observing patient-doctor boundaries, commitment to scientific and clinical excellence, promotion of health and interests of patients before other interests.

The AMC requires CPD homes to provide advice and guidance to medical practitioners on how to meet them. As an example, CPD activities provided by an Aboriginal and/or Torres Strait Islander health professional organisations and/or organisations with appropriate expertise in Indigenous health will be recognised as meeting the culturally safe practice requirement.

## The CPD Activity Standards

There are four CPD Activity Standards (Figure 2) representing key components of high-quality educational design, implementation and evaluation.

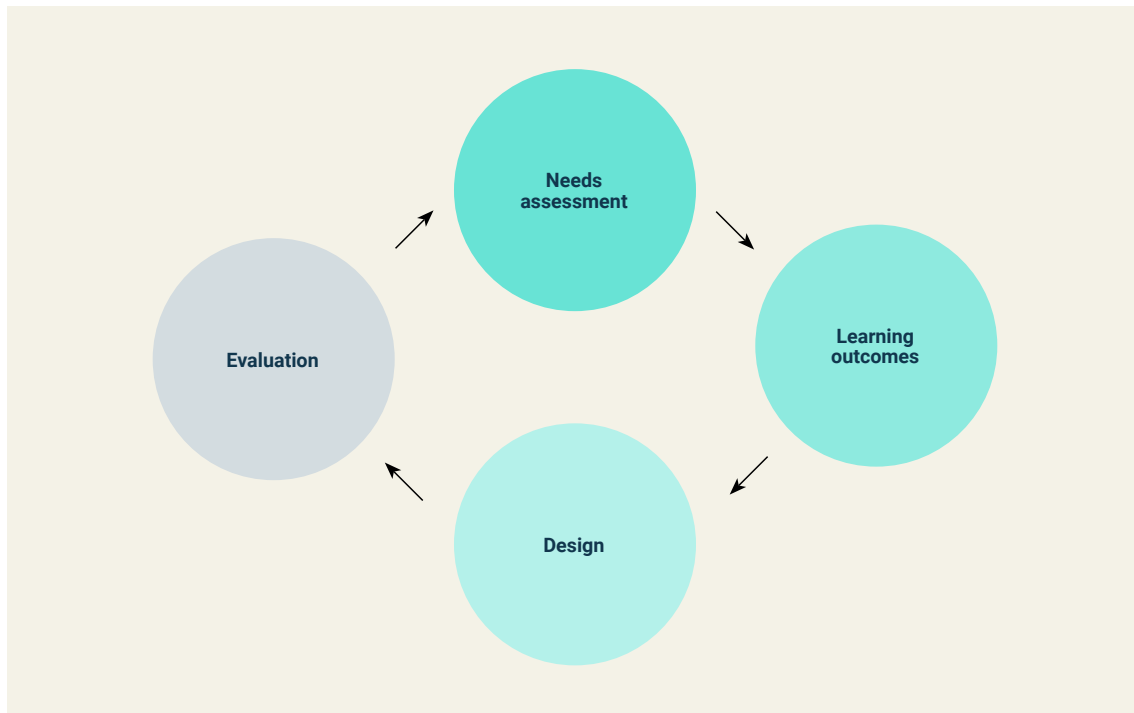


Figure 2. Four CPD Activity Standards

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

## Mandatory requirements for all activities

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

- a GP on the planning committee
- alignment with the 2022 RACGP curriculum and syllabus for Australian general practice
- a needs assessment ([Appendix 3](#))
- learning outcomes ([Appendix 4](#))
- a CPD activity session plan relevant to the application
- an evaluation form ([Appendix 7](#))
- a record of attendance
- a statement of attendance or completion ([Appendix 8](#)).

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

## 2022 RACGP curriculum and syllabus for general practice

The [curriculum and syllabus](#) describe the key competency and learning outcomes of general practice education. It informs the development and delivery of training programs including CPD and guides learners by suggesting learning modalities and educational resources as they work towards Fellowship. It also serves as a guide to assist with remediation and GPs returning to work after absence. For more information visit [www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)

There are seven core units, made up of five domains, the Aboriginal and Torres Strait Islander Health unit and the Rural Health unit.

There are 35 contextual units which cover, in detail, specific areas of general practice. They are a useful resource for providers.

### Core units

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](#)

[Aboriginal and Torres Strait Islander health](#)

[Rural health](#)

For more information visit [www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)

## Contextual units

Abuse and violence	Addiction medicine	Cardiovascular health
Child and youth health	Dermatological presentations	Disability care
Disaster health	Doctors' health	Ear, nose, throat and oral health
Education in general practice	Emergency medicine	Endocrine and metabolic health
Eye presentations	Gastrointestinal health	Haematological presentations
Infectious diseases	Integrative medicine	Justice system health
Kidney and urinary health	Men's health	Mental health
Migrant, refugee and asylum seeker health	Military and veteran health	Musculoskeletal presentations
Neurological presentations	Occupational and environmental medicine	Older person's health
Pain management	Palliative care	Pregnancy and reproductive health
Research in general practice	Respiratory health	Sexual health and gender diversity
Travel medicine	Women's health	

For more information visit [www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)

## Mapping CPD to the 2022 RACGP curriculum and syllabus for Australian general practice

All CPD activities must be mapped to the 2022 RACGP curriculum and syllabus for Australian general practice. This process involves:

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

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

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

# Activity submission and administration requirements

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

## Activity application and activity number

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

## Sponsorship

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

## Partnership

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

RACGP recognises the CPD provider who submits the activity as the primary contact and all other parties are either sponsors or partners for that activity.

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

[Appendix 6](#) defines sponsorship and partnership in detail.



## Submitting an activity for approval

The CPD representative must submit all new applications at least four weeks prior to the CPD activity being advertised or conducted. The time from submission to approval should not exceed four weeks, but this may vary depending upon the quality of the submission and any subsequent resubmissions. A CPD representative has an opportunity to resubmit an activity application to address any changes required to meet the CPD Activity Standards as per the adjudication report provided by the CPD Program Coordinator. **Failure to meet the CPD Activity Standards on the second submission will mean the activity is not approved.**

## Non-approval of a CPD activity

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

The three-month gap provides ample opportunity for the CPD representative to redesign the CPD activity application and reflect on the changes required to meet the CPD Activity Standards. This also mitigates a possible bottleneck with multiple and unlimited activity resubmissions.

## Cardiopulmonary resuscitation (CPR)

Cardiopulmonary resuscitation (CPR) course (HLTAID009 provide cardiopulmonary resuscitation) is the specialist high-level requirement for general practice. Specialist GPs must complete a CPD course once each triennium, e.g. once in the 2023-25 triennium. CPR courses must meet:

- the [Australian Resuscitation Council's Guidelines](https://resus.org.au/the-arc-guidelines). For more information visit [resus.org.au/the-arc-guidelines](https://resus.org.au/the-arc-guidelines)
- the [RACGP's requirements for CPR and Advanced Life Support](https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/program-handbooks-and-guidance-documents/guidance-documents/basic-and-advanced-life-support) courses. For more information visit [www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/program-handbooks-and-guidance-documents/guidance-documents/basic-and-advanced-life-support](https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/program-handbooks-and-guidance-documents/guidance-documents/basic-and-advanced-life-support)

Learning outcomes for CPR training must include:

- respond to an emergency situation
- perform CPR procedures
- communicate details of the incident
- review the incident.

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

## Activity event information

All providers will be required to give the RACGP information about an activity event each time an activity is delivered to GPs. Specific information about the event must be provided each time an activity application is submitted online.

Many CPD Program activities are rolled out across Australia and are delivered to GPs multiple times, at different venues and on numerous dates. Event data will be used for CPD Program evaluation purposes and to keep the RACGP informed about the nature of CPD Program activities being delivered at any given time.

All activities in the 2023–25 triennium are advertised through the 'Browse' function on the GP's [myCPD dashboard](#). Providers have the opportunity to specify GP participation/attendance criteria (for example, GPs only, GP participation by invitation only).

## Statement of attendance or completion for GPs

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

The statement of attendance or completion must include the:

- GP's name and RACGP member number
- activity ID number
- activity title
- date of the activity or of its completion if over a period of time
- number of CPD hours allocated to the activity and the type of activity (reviewing performance, measuring outcomes or educational activities). Providers must also indicate whether the activity has been approved for CPD hours in a specific interest area, or is eligible for rural procedural grants.
- provider details including logo.

The prescribed statement of attendance or completion is included in [Appendix 8: CPD statement of attendance or completion template](#). The statement of attendance is the only document that may include the RACGP CPD logo. Any other post-course documents issued by the provider (such as a certificate or a diploma) must not include the RACGP logo.

## RACGP GP feedback form

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

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

## Evaluation of an activity

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

- Please rate to what degree the learning outcomes of the program were met (not met, partially met, entirely met)
- Please rate to what degree this CPD activity met your expectation about: content, delivery, for live – presenters/facilitators or for eLearning – Learning Management Systems (not met, partially met, entirely met)

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

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

Refer to [Appendix 7: Evaluation template](#) for further information and template download.

## Activity report

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

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

**Table 4. Activity report submission**

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

## Uploading GP attendance online

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

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

# The CPD representative

## Roles and responsibilities

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

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

Refer to [Appendix 2](#) for further information regarding key roles and responsibilities for developing CPD activities.

## CPD representative training

The aim of CPD representative training is to ensure the development of high-quality CPD activities that meet the standards of the CPD Program, and that the associated RACGP administrative requirements are met (Figure 3). CPD representative training does not equip the participant with educational knowledge and expertise to develop and design activities that are to be submitted for approval.

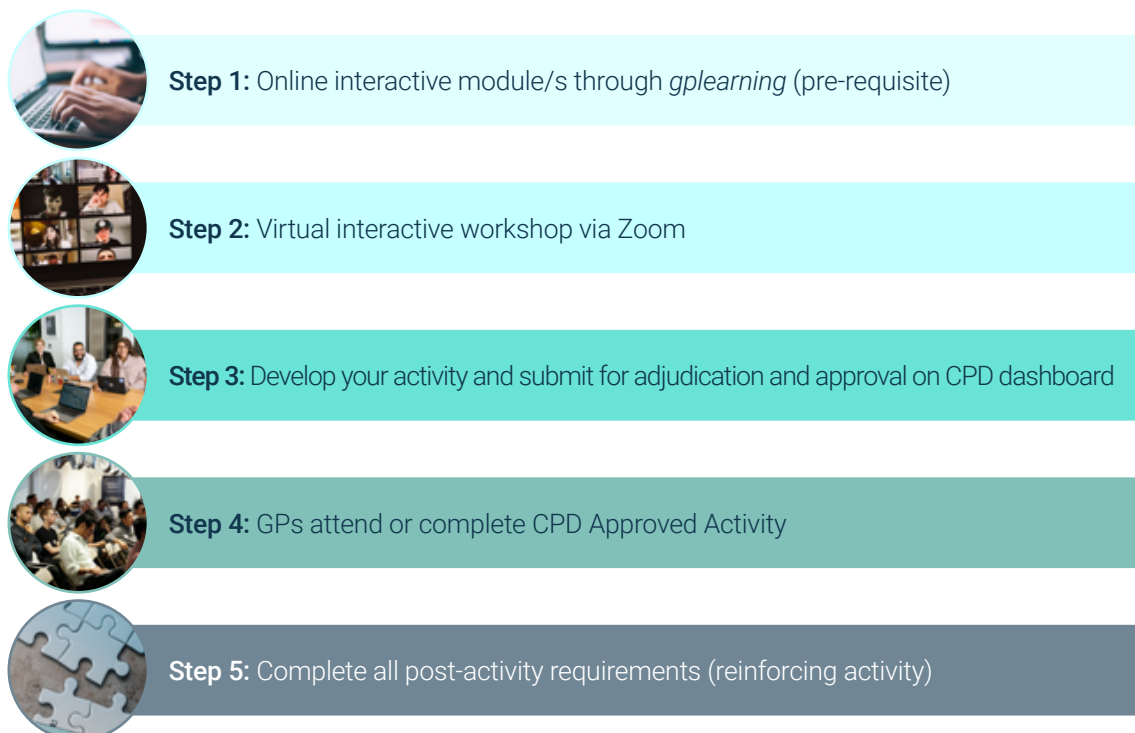


Figure 3. CPD representative training steps

## Provider support services

Each provider is designated a CPD Program Coordinator who acts as a dedicated relationship manager and provides advice, support and information about RACGP resources and services.

The CPD Program Coordinator's role is to support, assist, advise and guide CPD providers and CPD representatives. The amount of time available varies upon requirement and workloads, but generally each provider will receive up to six hours of support each year.

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

Ongoing quality assurance and review of activities must occur and the CPD representative must maintain RACGP Activity Standards throughout the contract period to maintain their qualification.

## RACGP state and territory offices

Each RACGP office has CPD Program staff available.

### Victoria

100 Wellington Parade, East Melbourne, Vic 3002

Phone: 03 8699 0488 | Fax: 03 8699 0560 | Email: [vic.cpd@racgp.org.au](mailto:vic.cpd@racgp.org.au)

### South Australia and Northern Territory

15 Gover Street, North Adelaide, SA 5006

Phone: 08 8267 8310 | Fax: 08 8267 8319 | Email: [sant.cpd@racgp.org.au](mailto:sant.cpd@racgp.org.au)

### Queensland

80 Kingsford Smith Drive, Albion, Qld 4010

Phone: 07 3456 8944 | Fax: 07 3391 7009 | Email: [qld.cpd@racgp.org.au](mailto:qld.cpd@racgp.org.au)

### Western Australia

20 Southport Street, West Leederville, WA 6007

Phone: 08 9489 9555 | Fax: 08 9489 9544 | Email: [wa.cpd@racgp.org.au](mailto:wa.cpd@racgp.org.au)

### New South Wales and Australian Capital Territory

Level 12, 1 Pacific Highway, North Sydney, NSW 2060

Phone: 02 9886 4700 | Fax: 02 9886 4790 | Email: [nswact.cpd@racgp.org.au](mailto:nswact.cpd@racgp.org.au)

### Tasmania

62 Patrick Street, Hobart, Tas 7000

Phone: 03 6212 5888 | Fax: 03 6234 2200 | Email: [tas.cpd@racgp.org.au](mailto:tas.cpd@racgp.org.au)

# Appendix 1: RACGP CPD Standards

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# Introduction

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

There are two components:

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

## RACGP CPD Activity Standards

These standards inform the development of continuing professional development (CPD) activities for the RACGP CPD home under the [Professional Performance Framework of the Medical Board of Australia \(MBA\)](#).

CPD activities are undertaken to meet the [MBA CPD registration standards](#). The MBA defines CPD activity types as:

- educational activities (knowledge and skills)
- reviewing performance
- measuring outcomes.

RACGP CPD activities use the same categorisation.

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

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

## RACGP CPD provider Standards

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

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

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

- MBA CPD requirements
- RACGP CPD requirements.

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

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

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

# RACGP CPD Activity Standards

## Overview

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

These standards are broad and outcomes-focused to meet the requirements of the [MBA types of CPD](#) and to encourage innovation in how RACGP members can satisfy CPD requirements. There may be exceptions, for example, the requirement that CPD activities are mapped to the [2022 RACGP curriculum and syllabus for Australian general practice](#) and the MBA types of CPD.

There are four main standards relating to:

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

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

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

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

## CPD Activity Standards

1. CPD activities are based on identified needs relevant to Australian general practice.
2. CPD activity learning outcomes are informed by the needs assessment.
3. CPD activities are designed to achieve the learning outcomes.
4. Evaluation informs quality improvement of the CPD activity.



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

### Criterion 1.1 The needs assessment process involves a specialist GP (or GPs)

#### Indicators for meeting this criterion

The CPD representative (formerly Education Activity Representative or EAR) must provide information on how GPs were involved in the needs assessment process. For example, the GP/s:

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

### Criterion 1.2 A comprehensive evidence-based needs assessment informs the activity and is relevant to the 2022 RACGP curriculum and syllabus for Australian general practice and the MBA CPD Registration Standard

#### Indicators for meeting this criterion

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

- the [2022 RACGP curriculum and syllabus for Australian general practice](#)
- MBA CPD [Registration Standards](#)

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

### Criterion 1.3 The activity supports safe and responsible practice

#### Indicators for meeting this criterion

The CPD representative must provide information about how culturally safe practice, health inequities, professionalism and ethical practice are considered and embedded within activities where relevant.

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

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

#### Indicators for meeting this criterion

All CPD activity learning outcomes must be:

- clear – learning outcomes are specific, unambiguous and easy to understand
- measurable – learning outcomes can be objectively assessed so that GPs know if the learning outcomes have been achieved

- relevant – the learning outcome should be directly linked to the needs assessment and the context of general practice
- feasible – the learning outcomes are achievable considering the GP's current level of knowledge and skills and the learning activity design including resources and time frames.

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

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

#### Indicators for meeting this criterion

The CPD representative must detail:

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

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

#### Indicators for meeting this criterion

The CPD representative must:

- outline the most suitable category(ies) described by the MBA CPD registration standard for the activity design
- provide a rationale for why a particular design (for example, workshop, eLearning, audit) has been selected for achievement of the learning outcomes
- provide evidence of how the delivery components of the learning activity are mapped to the learning outcomes
- provide evidence of a program plan or activity template – where relevant, this should include details of facilities, facilitators and participant numbers.

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

#### Indicators for meeting this criterion

The CPD representative must:

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

## Criterion 3.4 Assessments are fit for purpose

### Indicators for meeting this criterion

The CPD representative must:

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

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

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

#### Indicators for meeting this criterion

The CPD representative must:

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

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

#### Indicators for meeting this criterion

The CPD representative must:

- provide information about how evaluation data is used in a review of the activity and how this informs current and future CPD activities
- provide the RACGP with the evaluation report, which includes quality improvement (QI) recommendations
- provide evidence of changes to an activity made as a result of evaluation data.

# Guidance to the CPD Activity Standards

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

The principles of RACGP education are as follows.

1. Prioritises holistic, person-centred healthcare.
2. Addresses the health needs of all people living in Australia in an equitable way.
3. Is founded on ethical and socially responsible practice.
4. Promotes innovation in healthcare and general practice.
5. Is founded on evidence-based best practice and strives to be a leader in medical education.
6. Values the skills of GP supervisors, educators and researchers.
7. Promotes professional and personal development and self-care throughout a GP's career.
8. Enables GPs to meet the unique needs of those living in rural and remote regions.
9. Equips GPs to provide healthcare that meets the needs of Aboriginal and Torres Strait Islander peoples.
10. Meets the requirements of regulatory bodies.

These principles are important considerations and are a basis for the development of the CPD Activity Standards.

## Guidance to CPD Activity Standard 1

| CPD activities are based on identified needs relevant to general practice.

### Why this is important

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

The RACGP CPD Program activities are designed for GPs; therefore, it is important that GPs are involved in identifying their own needs and those of their peers. GPs' perspectives and involvement are paramount in informing the needs assessment.

### Guidance

The needs assessment helps to ensure the education is relevant in terms of meeting gaps in previous CPD activities. This includes new and emerging topics relevant to general practice, such as legislative changes or new guidelines. To ensure that the learning is relevant to GPs, the content should refer to the 2022 RACGP curriculum and syllabus for Australian general practice and be reviewed by a specialist GP.

All medical practitioners need to meet the [MBA registration standard: Continuing professional development \(effective from 1 January 2023\)](#). Therefore, CPD activity planning should consider how the activity will fit within the types of CPD outlined in that standard and this should be reflected in the needs assessment.

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

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

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

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

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

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

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

## Guidance to CPD Activity Standard 2

| CPD activity learning outcomes are informed by the needs assessment.

### Why is this important

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

### Guidance

Effective learning outcomes are:

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

## Guidance to CPD Activity Standard 3

CPD activities are designed to achieve the learning outcomes.

### Why is this important

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

### Guidance

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

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

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

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

The activity design must be aligned to the [MBA types of activities](#) for CPD.

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

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

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

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

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

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

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

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

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

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

## Guidance to CPD Activity Standard 4

Evaluation informs quality improvement of the CPD activity.

### Why is this important

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

### Guidance

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

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

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

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

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

# RACGP CPD provider Standards

## Overview

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

These standards are both broad and outcomes-focused to meet the requirements of the [Medical Board of Australia \(MBA\) types of CPD](#) and to encourage innovation in how RACGP members can satisfy CPD requirements.

There are three main standards relating to:

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

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

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

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

### CPD provider Standards

1. A sound governance structure supports the delivery of quality CPD activities.
2. The CPD provider offers quality CPD activities relevant to Australian general practice.
3. There is collaboration between the RACGP and the CPD provider to ensure quality CPD activities.

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

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

#### Indicators for meeting this criterion

The CPD provider must:

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



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

### Indicators for meeting this criterion

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

## Criterion 1.3 CPD provider communicates effectively with participants

### Indicators for meeting this criterion

The CPD provider must:

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

## Criterion 1.4 CPD provider embeds continuous quality improvement in all activities

### Indicators for meeting this criterion

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

# Standard 2: The CPD provider offers quality CPD activities

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

### Indicators for meeting this criterion

The CPD provider must:

- align all learning activities to the [2022 RACGP curriculum and syllabus for Australian general practice](#) and the [Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia](#)
- follow the CPD Activity Standards in developing CPD activities and delivering CPD approved activities
- ensure content is consistent with any relevant RACGP policy, requirement, position statement or guideline
- meet the high-level requirements of other specialist colleges where relevant.

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

### Indicators for meeting this criterion

The CPD provider must:

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

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

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

#### Indicators for meeting this criterion

The CPD provider must:

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

### Criterion 3.2 RACGP support and guidance is accessed

#### Indicators for meeting this criterion

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

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

#### Indicators for meeting this criterion

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

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

# Guidance to the CPD provider Standards

These standards:

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

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

## Guidance to CPD provider Standard 1

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

### Why this is important

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

### Guidance

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

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

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

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

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

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

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

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

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

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

Evidence that could be provided in meeting this standard includes:

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

## Guidance to CPD provider Standard 2

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

### Why this is important

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

### Guidance

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

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

The specialist high-level requirement for general practice is Cardiopulmonary resuscitation (CPR) course (HLTAID009 provide cardiopulmonary resuscitation). Specialist GPs must complete a CPR course once each triennium, e.g. once in the 2023-25 triennium. The RACGP will also accept basic life support (BLS) and advanced life support (ALS) courses that include CPR and meets the Australian Resuscitation Council guidelines. The Medical Board of Australia has determined that all CPR courses will only be eligible for hours under the Educational Activities CPD type.

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

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

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

Evidence that could be provided in meeting this standard includes:

- activity details and content as provided under the RACGP CPD Activity standards
- reference to relevant current policies, guidelines, requirements and/or position statements
- reference to the [RACGP Educational Framework](#).

## Guidance to CPD provider Standard 3

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

### Why this is important

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

### Guidance

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

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

# Resources

- Australian Government Department of Health and Aged Care. Medical doctors and specialists. [www.health.gov.au/health-topics/doctors-and-specialists/about](http://www.health.gov.au/health-topics/doctors-and-specialists/about)
- Australian Government Department of Health and Aged Care. Primary health networks. [www.health.gov.au/initiatives-and-programs/phn](http://www.health.gov.au/initiatives-and-programs/phn)
- Australian Institute of Health and Welfare. National health priority areas. January 2021. [www.aihw.gov.au/reports/health-care-quality-performance/national-health-priority-areas-first-report/background](http://www.aihw.gov.au/reports/health-care-quality-performance/national-health-priority-areas-first-report/background)
- Australian Medical Council [www.amc.org.au/](http://www.amc.org.au/)
- Australian Resuscitation Council [resus.org.au/](http://resus.org.au/)
- Medical Board of Australia. Good medical practice: A code of conduct for doctors in Australia. [www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx](http://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx)
- Medical Board of Australia. CPD registration standard effective 1 January 2023. [www.medicalboard.gov.au/registration-standards.aspx](http://www.medicalboard.gov.au/registration-standards.aspx)
- Medical Board of Australia. Professional performance framework. [www.medicalboard.gov.au/Professional-Performance-Framework/Strengthening-CPD.aspx](http://www.medicalboard.gov.au/Professional-Performance-Framework/Strengthening-CPD.aspx)
- Parliament of Australia. The National Health Priority Areas Initiative. [www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/Publications\\_Archive/CIB/cib9900/2000CIB18](http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/CIB/cib9900/2000CIB18)
- The Royal Australian College of General Practitioners. 2022 RACGP curriculum and syllabus for Australian general practice. [www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home](http://www.racgp.org.au/education/education-providers/curriculum/curriculum-and-syllabus/home)
- The Royal Australian College of General Practitioners. RACGP educational framework. [www.racgp.org.au/education/registrars/fellowship-pathways/education-framework/overview-of-the-racgp-educational-framework](http://www.racgp.org.au/education/registrars/fellowship-pathways/education-framework/overview-of-the-racgp-educational-framework)
- The Royal Australian College of General Practitioners. The role of a specialist GP. [www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/the-role-of-specialist-gps](http://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/the-role-of-specialist-gps)

# Glossary

Term	Definition
<b>Activity design</b>	The overall framework of a CPD activity that supports learning experiences. This includes decisions about content, structure, pedagogical strategies, sequence of learning and assessment that best facilitate the achievement of learning outcomes.
<b>Australian Medical Council</b>	<b>Australian Medical Council</b> is an independent national standards body for Australian medical education and training.
<b>Australian Resuscitation Council</b>	The <b>Australian Resuscitation Council</b> is a voluntary organisation that acts as the peak body that represents all major groups involved in the teaching and practice of resuscitation in Australia. It is part of the Australian and New Zealand Committee on Resuscitation, which is the regional representative in the International Liaison Committee on Resuscitation.
<b>Cardiopulmonary resuscitation (CPR)</b>	The RACGP's CPD Program's only high-level requirement for 2023–25 triennium. The content and assessment components of a course must meet the Australian Resuscitation Council guidelines.
<b>CPD</b>	Continuing professional development. RACGP CPD describes the learning activities that GPs engage in to develop, maintain and enhance their professional skills.
<b>CPD activity</b>	A CPD activity that is undertaken to meet the CPD registration standard of the Medical Board of Australia (MBA). The MBA defines CPD activity types as educational activities (knowledge and skills), reviewing performance and measuring outcomes. RACGP CPD activities use the same categorisation.
<b>CPD representative (formerly Education Activity Representative)</b>	The nominated representative of the CPD provider who manages the administrative and operational requirements of RACGP CPD approved activities and may also develop and design activities.
<b>Culturally safe practice</b>	<p>The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025 provides the following definition:</p> <p>'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. <b>Culturally safe practice</b> is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.' Consistent with the Strategy 2020–2025, it is expected that CPD activities allow critical reflection to improve clinical practice in relation to:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander approaches to health</li> <li>• the continuing impact of colonisation, racism and bias on health outcomes on Aboriginal and Torres Strait Islander peoples</li> <li>• rights-based approaches to improving health outcomes of and access to health services.'</li> </ul>



<b>Educational expertise</b>	Experience and skills in designing CPD activities and/or education and training.
<b>Evaluation</b>	The process of collecting and analysing data or information to measure the effectiveness of an activity in meeting its learning outcomes, and to identify opportunities for improvement.
<b>Good medical practice: A code of conduct for doctors in Australia</b>	<b>Good medical practice (the code)</b> describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community.
<b>Governance</b>	The systems and processes by which an organisation operates to ensure its overall structure, including that its employees function according to organisational goals and maintain accountability.
<b>GP</b>	An Australian general practitioner.
<b>Health inequities</b>	Different access and outcomes for different groups of people may present differently depending on the specialty and location of a practitioner's practice. Good medical practice recognises the role of the practitioner as a champion in the system and also the specialty responsibilities in securing equitable health experiences and outcomes for Aboriginal and Torres Strait Islander patients.
<b>Learning outcome</b>	What the GP will know or be able to do at the end of a CPD activity. The learning outcome should be derived from the needs assessment and inform the activity design.
<b>Medical Board of Australia (MBA)</b>	<b>The Medical Board of Australia</b> regulates the medical profession in Australia, including setting medical practitioner CPD requirements.
<b>MBA Registration Standard: Continuing professional development (effective from 1 January 2023)</b>	The registration standard set by the MBA regarding the minimum CPD requirements for medical practitioners.
<b>National Health Priority Areas</b>	<b>The National Health Priority Areas</b> initiative seeks to focus public attention and health policy on areas that contribute most to the burden of illness in the community, particularly if the burden can be significantly reduced.
<b>Needs assessment</b>	Summarises current and evidence-based data or information about the educational needs of GPs to guide the development of a CPD activity as relevant to Australian general practice and the MBA CPD regulatory requirements.
<b>Outcomes-based</b>	Outcomes-based standards focus on the outcome to be achieved rather than how it is achieved. The CPD Activity Standards include guidance through criteria, indicators and suggestions for supporting evidence.
<b>Primary Health Networks</b>	Independent Australian Government-funded organisation aimed to streamline health services. They assess the needs of their community and commission health services so that people in their region can get coordinated care where and when needed.

<b>Professionalism and ethical practice</b>	A GP's social contract with the community, which involves trust between the GP and the patient, observing patient–doctor boundaries, commitment to scientific and clinical excellence, promotion of health, and interests of patients before other interests.
<b>Provider</b>	An organisation that meets the RACGP CPD provider Standards and RACGP CPD Activity Standards and has a current CPD provider Agreement with the RACGP CPD home for providing CPD approved activities for GPs.
<b>Quality improvement (QI)</b>	The systematic process of improving the quality of CPD activities through reviewing data or information, identifying opportunities for improvement, followed by implementation of any changes to achieve better outcomes.
<b>RACGP Advertising and Sponsorship Policy</b>	<a href="#">RACGP policy</a> that determines the rules and procedures for which the RACGP will accept sponsorship of its products or events or advertising of third-party products.
<b>RACGP CPD approved activity</b>	A CPD activity that meets the RACGP CPD Activity Standards.
<b>RACGP CPD Activity Standards</b>	The standards that provide the basis for the development, delivery and evaluation of high-quality general practice CPD activities that meet RACGP CPD requirements. Activities developed by CPD providers must meet the RACGP CPD Activity standards.
<b>RACGP CPD home</b>	The RACGP CPD home supports GPs by coordinating CPD programs, ensuring quality activities and tracking hours to provide a framework to support safe practice. All Australian medical practitioners must be a member of a CPD home.
<b>RACGP CPD Program</b>	The continuing professional development program offered by the RACGP to GPs.
<b>RACGP CPD provider handbook</b>	The RACGP CPD provider handbook outlines the requirements and support available for RACGP CPD providers. It also includes information on RACGP CPD services and processes, for example about approving activities or becoming an RACGP CPD provider, RACGP Quality Assurance process and Sponsorship guide.
<b>RACGP CPD provider Standards</b>	Detail the provider requirements for RACGP CPD approved activities for GPs.
<b>RACGP CPD Sponsorship Guideline</b>	Outlines sponsorship guidelines specific to the CPD Program and CPD approved activities.
<b>RACGP CPD Standards</b>	Provide the basis for setting and maintaining the quality of the CPD Program of the RACGP CPD home. There are two components of the RACGP CPD Standards: <ul style="list-style-type: none"> <li>• CPD Activity Standards</li> <li>• CPD provider Standards.</li> </ul>
<b>2022 RACGP curriculum and syllabus for Australian General Practice</b>	<a href="#">The 2022 RACGP curriculum and syllabus for Australian general practice</a> describes the key competencies and learning outcomes of GP education including CPD.

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<b>RACGP Educational Framework</b>	The <b>RACGP Educational Framework</b> provides a conceptual representation of the RACGP's approach to education across the learning continuum of the Australian GP. The interrelated components of RACGP education are the educational imperatives, guiding principles, guiding instruments and educational programs. The framework is intended to guide RACGP educational development and orient learners, educators and institutions.
<b>Specialist GP</b>	GPs who have passed the examinations and/or training program of an accredited general practice college, such as Fellowship of the Royal Australian College of General Practitioners (FRACGP) or are vocationally recognised and registered with the Australian Health Practitioner Regulation Agency (AHPRA). GPs being medical specialists is recognised under the <b>Health Practitioner Regulation National Law Act 2009</b> . The term 'specialist GP' is a protected title.
<b>Stakes</b>	Refers to the risk associated with a learning activity where there may be a loss or gain. For example, an examination resulting in the award of a major qualification would be a high-stakes learning activity. High-stakes learning activities are often associated with assessment of competency and need to ensure a high level of rigour in terms of validity and reliability.

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## Appendix 2: Key roles and responsibilities for developing CPD activities

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

### RACGP staff

#### The CPD Program Coordinator

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

#### The CPD Program Administrator

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

### The CPD provider

#### The CPD representative

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

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

## The GP

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

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

## Roles and responsibilities

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

### Provider obligations

Providers must:

- ensure they have read, understood and at all times comply with the CPD provider Standards and all provisions in the *Provider handbook*, and have completed, and will comply with, the Provider Eligibility Criteria
- appoint at all times a suitably qualified, skilled and experienced individual to act as the CPD representative to develop and manage CPD approved activities
- ensure the person nominated as the CPD representative attends CPD representative training
- monitor the operations of its CPD representative
- remain responsible for the delivery of the CPD approved activity
- support and assist the RACGP with the processes set out for CPD quality assurance assessment and compliance.

### CPD representative obligations

CPD representatives must:

- ensure they have read, understood and at all times comply with all provisions in the *Provider handbook*
- ensure all CPD activities are designed, developed, delivered and evaluated against the CPD Activity Standards
- submit an initial CPD activity application for relevant activity type/s for adjudication as outlined in the *Provider handbook*
- ensure an application for a CPD activity has been approved by a specialist GP before submitting to the RACGP
- confirm that the specialist GP on the planning committee and presenter/facilitator of the activity (if medically registered) are in good standing with Ahpra by checking the medical register
- ensure all CPD approved activities are compliant with sponsorship guidelines

- ensure all activity participants have access to the GP feedback form, available in the *Provider handbook*
- ensure that the appropriate CPD statement of attendance or completion is issued to participants
- complete in a timely fashion all aspects of the activity report
- retain responsibility for all administrative activities (including updating and amending activities) in relation to each CPD approved activity
- liaise with the RACGP CPD Program Coordinator to assist in the provider's compliance with this CPD provider Agreement (including during quality assurance assessments and all other compliance matters)
- do all things reasonably necessary to facilitate the parties' compliance with this CPD provider Agreement, including completing all applications, submissions, forms and notices in a timely, accurate and comprehensive manner
- maintain accurate and complete documentation for all CPD approved activities in a manner that allows ready access and timely submission to the RACGP as and when requested
- conduct a post-delivery evaluation (activity report) of each CPD approved activity
- conform with all other requirements described in the *Provider handbook*.

# Appendix 3: Needs assessment template and example

Use this template to develop your needs assessment.

Important reminders:

- Your activity must be covered in the 2022 RACGP curriculum and Syllabus for Australian General Practice.
- All statements must be cited to recent (<10 years), reliable and reputable information.

## Needs Assessment

### 1. Activity Title

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

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

Specific data collection	National/State programs and initiatives	Health Professional/Govt Perspective	Consumer (Lived Experience) Perspective	Additional supporting information
If data was specifically collected, analysed and used for this assessment, please outline the collection tools and methodology (including the number of participants), the survey/focus groups questions and a brief analysis of the findings. Anecdotal observations/ evidence isn't appropriate.	If this activity is linked to State/ Territory programs and initiatives and/ or National health priority areas, please include details.	Have you considered information from medical specialists and/ or special interest health groups, state, or national government bodies? Include and cite any relevant statistics or information.	Have you considered any information obtained from patient interviews, surveys, or data from community groups?	Briefly outline any further information you wish to provide as evidence to demonstrate the activities alignment to the RACGP curriculum for Australian General Practice and the MBA CPD Registration Standards.

Additional relevant information sources and content:

### References

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

### Author

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

### GP Review

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



## CPD Activity Needs Assessment Example:

### 1. Activity Title

#### [Example response]

Epilepsy Patient Management Updates

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

#### [Example response]

In Australia, epilepsy is as high as 4% of the population equating to approximately 250 000 people, with 20 000 of these located in Tasmania.<sup>1</sup>

The number of people with epilepsy in Tasmania is expected to increase further due to an older that average population, general rising life expectancy, and the increasing proportion of people surviving incidents that often lead to epilepsy such as birth trauma, brain injury, infections and stroke.<sup>2</sup>

Epilepsy is not a single disorder and is referred to as a spectrum disorder. It is the second most burdensome neurological condition after dementia, accounting for 14.6% of the burden of disease of all neurological conditions.<sup>3</sup>

For every person with epilepsy, there are approximately four others providing care and support.<sup>2</sup>

In Australia, Tasmania has the highest prevalence of epilepsy, and the condition is estimated to impose a greater burden on Australia's health system than prostate cancer, and one similar to that of lung cancer and Parkinson's disease.<sup>4</sup> Diagnosis and management involve classifying the person's epilepsy and seizure type as well as considering the aetiology.<sup>5</sup> This classification informs the Medical team of the type of treatment recommended. Ensuring the person's condition is well managed is an extremely important aspect of the GP's role.<sup>5</sup>

Australia is fortunate to have some excellent specialist care for epilepsy patients, however; general practice is the missing link in the circle of care. GP's can each have 5-10 patients with epilepsy and the continued involvement of the GP is critical to positive outcomes. 32% of the epilepsy patients surveyed by Epilepsy Tasmania stated they struggled to find a suitable health professional to manage their epilepsy.<sup>2</sup> Furthermore, the survey results suggested GP's need more education around epilepsy and epilepsy medication. During 2019-2020, there were 10 263 epilepsy related visits to GP's.<sup>2</sup>

Specific data collection	National/State programs and initiatives	Health Professional/Govt Perspective	Consumer (Lived Experience) Perspective	Additional supporting information
If data was specifically collected, analysed and used for this assessment, please outline the collection tools and methodology (including the number of participants), the survey/focus groups questions and a brief analysis of the findings. Anecdotal observations/evidence isn't appropriate.	If this activity is linked to State/Territory programs and initiatives and/or National health priority areas, please include details.	Have you considered information from medical specialists and/or special interest health groups, state, or national government bodies? Include and cite any relevant statistics or information.	Have you considered any information obtained from patient interviews, surveys, or data from community groups?	Briefly outline any further information you wish to provide as evidence to demonstrate the activities alignment to the RACGP curriculum for Australian General Practice and the MBA CPD Registration Standards.

**[Example response]**

The participant size of the survey was 3110 with the responses totaling 1697 which is well within the limit (n>50) to give the data validity and reliability. The methodology was a paper survey mailed to all active cases and was quantitative in nature as the survey primarily involved a questionnaire with scalable answers. The questionnaire contained 20 questions. The survey was sent to participants in December 2018 with a final return date of 1 March 2019. A follow up letter was mailed to all participants encouraging survey completion in February 2019.

**References**

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

**[Example response]**

1. Epilepsy Australia 2018, Epilepsy Explained. <http://www.epilepsyaustralia.net/epilepsy-explained>. Accessed January 2020.
2. Epilepsy- A Focus on Tasmania. <https://epilepsytasmania.org.au/epilepsy-a-focus-on-tasmania-201>. Accessed January 2020.
3. Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study Series No 3.BOD4,. Canberra:AIHW
4. Deloitte Access Economics estimates based on ABS 4364.0.55.001- National Health Survey. First Results 2017-18 (2018)
5. Scheffer IE, Berkovic S, Capovilla G, et al. ILAE classification of the epilepsies:Position paper of the ILAE Commission for Classification and Terminology. *Epilepsia* 2017;58:512-521

**Author**

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

**[Example response]**

Mary Smith (CPD representative) Education Coordinator

# Appendix 4: A guide to writing learning outcomes

## Introduction

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

## Learning outcomes

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

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

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

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

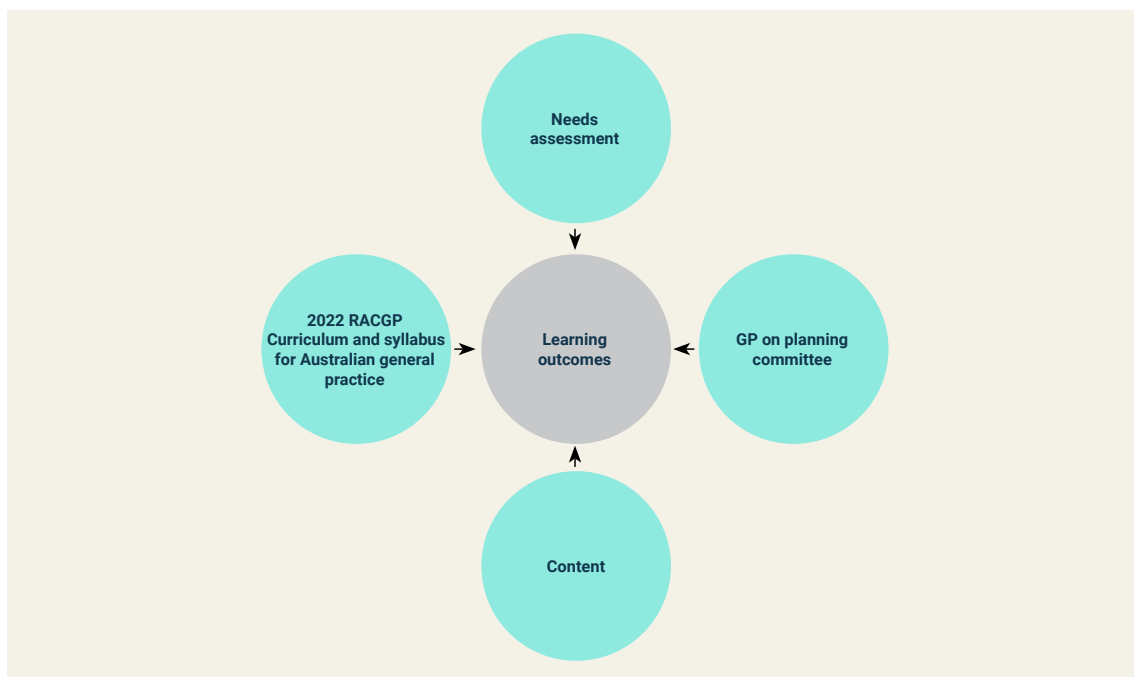


Figure A3.1. Four inputs into writing learning outcomes

## How learning outcomes assist in the development of CPD activities

Learning outcomes assist all people involved in developing activities.

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

## How to create SMART learning outcomes

The standard practice is to write learning outcomes in the SMART format (Table A3.1).

**Table A3.1. SMART learning outcomes**

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

When developing learning outcomes, it's useful to think in terms of this 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. For example, 'By the end of this activity, participants will be able to [action verb] + [outcome]' is a useful general format for writing learning outcomes.

## Relevant verbs

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

Different verbs are used in learning outcomes to indicate the level of complexity the learning will address. Table A3.2 features six cognitive processes and appropriate verbs that can be used when writing learning outcomes.

**Table A3.2. Six cognitive processes and associated verbs that can be used when writing learning outcomes**

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

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

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

## Example learning outcomes






Poorly written/vague learning outcomes		Concise learning outcomes
<b>By the end of this activity, participants will be able to:</b>		<b>By the end of this activity, participants will be able to:</b>
Understand the different cases of cardiovascular disease (CVD)		Manage the different presentations of CVD
Ensure patients are aware of the healthy heart diet		Discuss the healthy heart diet with patients
Know the lifestyle changes for heart disease prevention and further heart attacks		Recommend lifestyle changes to prevent heart disease
Learn practice team or multidisciplinary approach management of patients with CVD		Outline a practice team or multidisciplinary approach in managing patients with CVD

Figure A3.2. Poorly written versus concise learning outcomes

## Appendix 5: Types of CPD activities

Providers can use Table A4.1 as a guide to prompt their thinking on the types of activities they can develop. Each activity appears in line with the Medical Board of Australia continuing professional development (CPD) activity type. This is not an exhaustive list.

**Table A4.1. Types of CPD activities**

<b>Educational activities</b> (knowledge and skills)	<b>Activities that expand knowledge, skills and attitudes</b>	<ul style="list-style-type: none"> <li>• Workshops</li> <li>• Conferences</li> <li>• Lectures webinars</li> <li>• Podcasts</li> <li>• Short courses</li> <li>• Case-based discussions</li> </ul>
<b>Measuring outcomes</b> (with evidence of outcomes)	<b>Activities that use work data to ensure quality results</b>	<ul style="list-style-type: none"> <li>• Mini audit/audit</li> <li>• Plan, Do, Study, Act (PDSA)</li> <li>• Research</li> <li>• Practice accreditation</li> <li>• Developing clinical guidelines</li> </ul>
<b>Reviewing performance</b> (with evidence of feedback)	<b>Activities that require reflection on feedback about the GP's work</b>	<ul style="list-style-type: none"> <li>• Case-based discussion</li> <li>• Peer group learning</li> <li>• Professional development plan (PDP)</li> <li>• Patient feedback</li> <li>• Multi-source feedback</li> <li>• Doctors' health and wellbeing</li> <li>• Supervisor activities</li> </ul>
<b>Hybrid activities</b> (RACGP initiative)	<b>Activities that are a combination of two or more of the MBA's three different activity types – education activities, measuring outcomes and/or reviewing performance.</b>	<ul style="list-style-type: none"> <li>• Peer group learning – could be a combination of <b>educational activities</b> (eg presentations) and <b>reviewing performance</b> (eg case-based discussions with feedback and/or reflective components)</li> <li>• Workshops – could be a combination of <b>educational activities</b> (eg presentations, lectures) and <b>reviewing performance</b> (practical skills station/s, case-based discussion/s, assessment/s with feedback and/or reflective components) and/or <b>measuring outcomes</b> (eg post-activity to do a mini-audit back in practice relevant to workshop's educational topic)</li> <li>• Supervising and mentoring/teaching – could be a combination of <b>educational activities</b> (the actual teaching or supervision involved) and/or <b>reviewing performance</b> (eg with feedback component on the quality of supervision or mentoring or teaching); <b>measuring outcomes</b> (using the data to measure the quality of supervision/mentoring/teaching results and improve on it)</li> </ul>

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

## Activity guidelines

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

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

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

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

## Differences between a sponsor and a partnering organisation

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

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

## Sponsors

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

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



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

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

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

## Sponsorship requirements

Providers must comply with a number of requirements.

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

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

## Sponsor promotion

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

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

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

## Use of generic product names

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

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

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

## Entertainment, meals and beverages

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

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

## Compliance with regulatory requirements

All sponsorship must comply with all applicable provisions in:

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

## Related documents

- Medicines Australia, Code of Conduct, [www.medicinesaustralia.com.au](http://www.medicinesaustralia.com.au)
- The Royal Australian College of General Practitioners, Advertising and sponsorship [www.racgp.org.au](http://www.racgp.org.au)
- Therapeutic Goods Administration, Therapeutic Goods Advertising Code [www.tga.gov.au/therapeutic-goods-advertising-code](http://www.tga.gov.au/therapeutic-goods-advertising-code)

## RACGP CPD Activity Guidelines

### Checklist for CPD activities

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

---

#### Pharmaceuticals

---

Generic names are used throughout

---

There are **no** product or brand names of pharmaceutical products

---

There are **no** images of bottles and/or containers displaying recognisable brand name or pharmaceutical company identifiers

---

There are **no** links provided to pharmaceutical companies, distributors or producers

---

There are **no** product disclosure statement links or documents supplied

---

#### Validity of research

---

Research used in designing the education is **current** and **relevant** (less than 10 years old) and is evidence based

---

Research used in the design is **independent** and from reputable sources (for example, RACGP, TGA)

---

Sources of evidence are referenced with **author, title, publication** as well as website page links

---

## Additional considerations

---

#### Sponsorships

---

All **conflicts of interest** are clearly stated and declared at the beginning of the presentation

---

Sponsors have had **no** input into the design and delivery of the education

---

Sponsors and their logos are only displayed or mentioned at the beginning or the end of the presentation

---

Session materials **do not** contain any images of pharmaceutical products, brand logos or statements, product disclosure attachments, or links to documents of this kind

---

#### Intellectual property and copyright law

---

Ensure **intellectual property** and copyright regulations are applied when using others' resources as part of your education

---

All images, graphs and other intellectual property are correctly **attributed** and are used with express permission from the copyright holder or are in the public domain

---

# Appendix 7: Evaluation template

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

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

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

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

## 2023-25 CPD Program Evaluation form template – lists the four mandatory questions that providers need to ask

[Title of Activity]

(Activity No. XXXXX, allocated xx CPD hours in the RACGP 2023-25 CPD program)

[include venue details and activity date]

Name:

RACGP No.:

(participant responses are optional and/or anonymous)

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

**At the end of this CPD activity, GP participants will be able to:**

**Not met**

**Partially met**

**Entirely met**

(Please list all your learning outcomes below, add more rows as required)

Learning Outcome 1

Learning Outcome 2

Learning Outcome 3

Learning Outcome 4

Learning Outcome 5

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

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

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

Yes                      No                      Why

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

Yes                      No                      Why

\*\*\*CPD representatives may include other questions within this form\*\*\*

## Appendix 8: CPD statement of attendance or completion template

Provider Logo (must be included)



Sponsor Logo (if relevant)



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

### STATEMENT OF ATTENDANCE or COMPLETION

[insert GP's full name]

[insert GP's RACGP member number]

#### Attended / Completed the

[Approved activity title]

[Activity number]

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

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

Educational activities hours

Reviewing performance hours

Measuring outcomes hours

#### This activity has been approved for:

[procedural skills / CPR / rural procedural training grant / specific interest requirement]

#### Conducted by

[Provider name]

on [date/s]

[RACGP Approved Activity logo can be added also]

# Appendix 9: CPD quality assurance and compliance framework for providers

## Conduct of CPD quality assurance assessment

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

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

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

## Prompting QAA

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

QAA review is to be initiated:

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

## Conflict of Interest

Conduct of audits will be aligned with the [RACGP Conflict of Interest Policy](#).



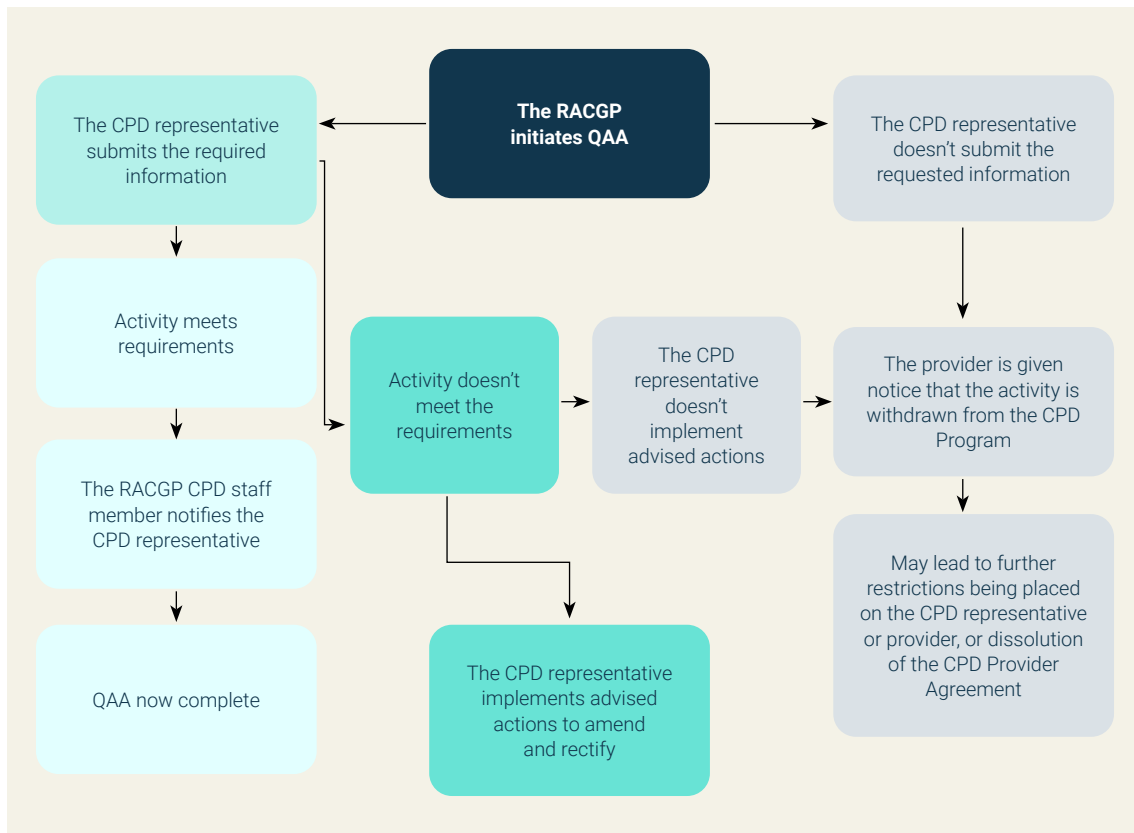


Figure 1. CPD Program quality assurance assessment process

## Conduct of the QAA for CPD provider activities

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

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

### 1. Methods used to conduct a QAA

QAA may include any of the following:

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

## 2. Notification of a QAA

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

## 3. The QAA review

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

## 4. Outcome of a QAA

Following a QAA, the RACGP will notify the provider of the outcome in writing.

### No action required

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

### Recommendations for improvement

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

### Revised promotion of a CPD activity

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

### Restriction of access to the CPD dashboard

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

## 5. Non-compliance with the QAA

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

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

## 6. Appealing a decision

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

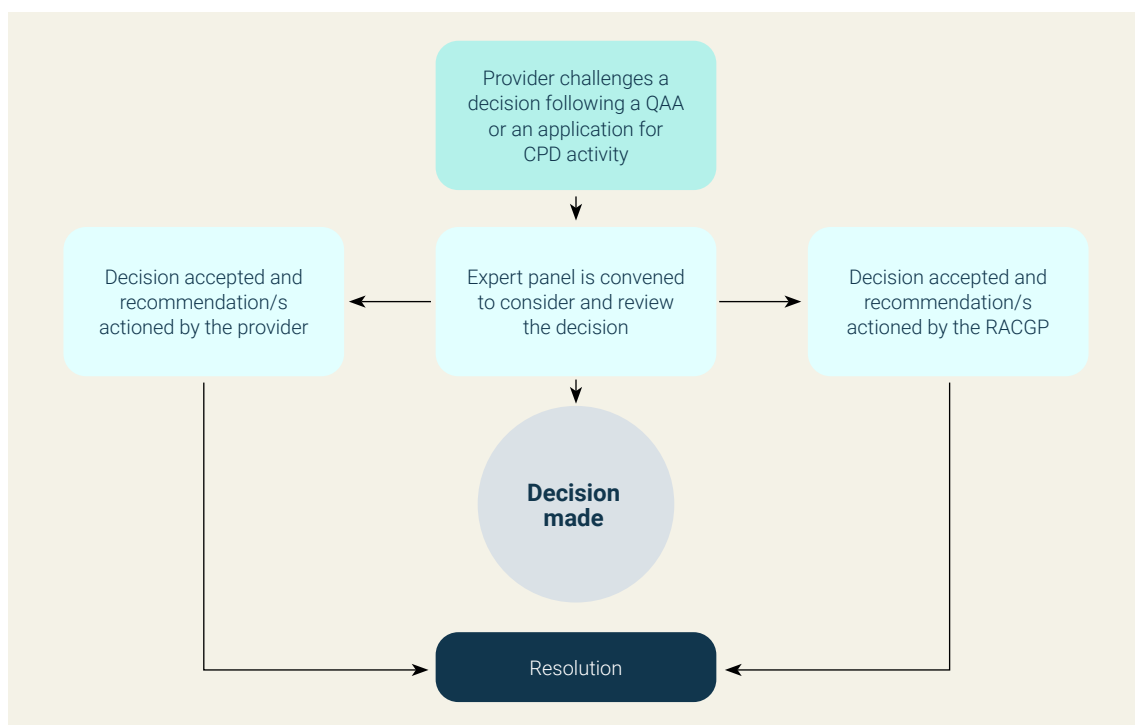


Figure 2. CPD Program investigation and review processes

The RACGP encourages GPs to provide feedback on their experience. This section is designed to give providers some examples of the type of complaints that have resulted in the initiation of a QAA.

A complaint may arise when:

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

## Quality improvement

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

# GP feedback to the RACGP

## In confidence

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

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

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

Title  Full name / RACGP ID (optional)

Email  Phone

Date of activity  RACGP CPD activity ID (if known)

Title of activity (if known)

Provider name (if known)

Please tell us about your specific concern(s) (or attach as a separate page).

We'll use this information to initiate discussion with the CPD provider. Your personal information won't be disclosed.

# Glossary

Term	Definition
<b>Application</b>	A form submitted by the provider for approval of a CPD activity.
<b>Conflict of interest</b>	Any situation where the provider's personnel who are participating directly in the CPD activities may benefit or be disadvantaged by the making of a decision. The benefit or disadvantage may be pecuniary or non-pecuniary, direct or indirect, and may be actual, potential or perceived.
<b>CPD</b>	Continuing professional development.
<b>CPD Activity Standards</b>	Standards and criteria that the provider must meet for the design and development of CPD approved activities.
<b>CPD Approved Activity</b>	An activity submitted by the provider that meets the RACGP CPD Activity Standards.
<b>CPD Program</b>	The continuing professional development program offered by the RACGP to GPs and other medical specialists.
<b>CPD provider Standards</b>	Standards and criteria that stipulate the requirements for providers involved in the provision of CPD activities for GPs.
<b>CPD representative (formerly Education Activity Representative or EAR)</b>	A nominated representative of the provider who manages the administrative and operational requirements of CPD approved activities, and may also develop and design activities.
<b>CPD representative Number</b>	The identification number issued by the RACGP to the provider's nominated CPD representative.
<b>CPD Services</b>	Services delivered to a provider when the RACGP reviews its activity application against the CPD Activity Standards to determine whether the activity is approved.
<b>Dashboard</b>	The RACGP's digital environment providers will use to facilitate and manage activities and administrative requirements for provision of CPD activities
<b>Fees</b>	The prescribed fees, including but not limited to, the annual fee, charged by the RACGP.
<b>GP</b>	A general practitioner in Australia.
<b>Logo</b>	Any image developed by the RACGP for identifying and publicising CPD approved activities.

<b>Program Coordinator</b>	A dedicated relationship manager, nominated by the RACGP, who provides advice, support and information about RACGP CPD resources and services.
<b>Provider</b>	An organisation that meets both the CPD provider and CPD Activity Standards and has a current CPD provider Agreement with the RACGP for the provision of CPD approved activities for GPs.
<b>Provider Eligibility Criteria</b>	A self-assessment document providers must use to assess their eligibility as an RACGP CPD provider.
<b>Provider handbook</b>	This document.
<b>Quality assurance assessment (QAA)</b>	The RACGP's review of the provider's activities to maintain quality and performance standards for CPD activities.
<b>Sponsorship Guidelines</b>	The guidelines described in this <i>Provider handbook</i> .
<b>Strapline</b>	Prescribed text required by the RACGP for publicising CPD approved activities.
<b>Third-party material</b>	Any material in which a third party owns the intellectual property rights.



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Royal Australian College  
of General Practitioners

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