



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



# 2021 RANZCP Continuing Professional Development Program

*Program Guide*

# Disclaimer

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is accredited by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) to deliver specialist medical education and training, and professional development programs.

The Committee for Continuing Professional Development (CCPD) has ensured that the RANZCP Continuing Professional Development (CPD) Program is compliant with the requirements of the AMC and MCNZ and that the information contained in this guide is correct at the time of publication. However, please be advised that, as regulatory requirements are periodically updated by the relevant authorities, the RANZCP recommends that CPD participants remain current with the relevant body's requirements.

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# A message from the Chair of the Committee for Continuing Professional Development

Welcome to the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Continuing Professional Development (CPD) Program.

The RANZCP is committed to providing Fellows with a contemporary CPD program to support their professional development in the practice of Psychiatry. A College CPD program assures the public and stakeholders of its commitment to support the ongoing learning and competency of its Fellows and affiliates.

In keeping with best educational evidence, the CPD Program emphasises both self-directed learning and practice improvement activities as essential elements of modern CPD.

The program is designed to ensure that participants are able to meet the CPD requirements of their registration. Within the regulatory environment, there are differences between Australia's and New Zealand's CPD requirements. Participants need to be aware of the requirements of their registration and annual recertification, and to make sure that they meet these requirements. For example, an audit of medical practice is compulsory in New Zealand but not a compulsory element of the RANZCP CPD program.

Both the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) are making changes to the CPD requirements for continuing registration with an intention to strengthen the relationship between learning and practice. The changes are to the allocation of the annual requirement of 50 hours. There is no change to the number of hours required annually. These changes will be introduced to the RANZCP CPD program over the next two to three years, as required by the MBA and the MCNZ, and are outlined later in this guide.

The Continuing Professional Development Committee (CCPD) welcomes feedback and is committed to ongoing refinement and development of the program.

**Dr Wayne de Beer**

**Chair, Committee for Continuing Professional Development**

# A message from the Community Representative

Congratulations to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on the production of the 2021 Continuing Professional Development (CPD) Program Guide.

I am the Community Representative on the Committee for Continuing Professional Development (CCPD). The College has made a commitment to engage with the community through representation on its committees as one way of partnering with community perspectives and expectations. Community representatives come from a broad range of backgrounds and consumer and carer networks, having lived experiences of mental ill health and recovery. By including a community representative in the CCPD, the College demonstrates a commitment to the highest scientific and educational quality of its CPD program, meeting its registration requirements, which takes account and is responsive to the wider context.

This is a hard-working committee; whose members are from a variety of College faculties and locations across Australia and New Zealand. The exceptional work output of this committee reflects the dedication and expertise of committee members, the intelligence and objectivity of our chairperson and deputy, and the organisational ability and unwavering patience of the administrative team. They have all overseen the RANZCP CPD program and its guide to grow so rapidly and comprehensively to the present high standard.

Over the past four years of my membership of the committee, the CCPD has also improved the profile of CPD within the College through workshops at Congress, production of journal articles, with a renewed focus to report back to the Fellowship. It has produced bespoke tools and resources for members such as the PDP Guidance, and has made a number of improvements to the online My CPD system. The current success of this system can be measured by the excellent uptake of College members. After such an extraordinary year, it is relevant to note that, during 2020, despite the ramifications of COVID-19, RANZCP members continued their participation in the CPD program, particularly Peer Review. From my perspective, these measures further enhance the confidence in and standing of the College within the community.

I take this opportunity to thank the CCPD and the RANZCP for the opportunity to sit on the committee on behalf of all those served by the work of the College and the psychiatry profession.

**Louise Salmon**

**Community Representative, Committee for Continuing Professional Development**

# Program Requirements

## Statement of Purpose

The RANZCP CPD Program provides a pathway for psychiatrists to review and further develop their professional practice. This is to ensure a high standard of psychiatric practice, in order to achieve the best attainable quality of psychiatric care and patient outcomes. From 1 January 2017 the RANZCP CPD Program is a mandatory requirement for Fellowship of the College.

The aims of the RANZCP CPD program are:

- to facilitate the participation of Fellows and other members of the College, as individuals or as groups, in ongoing professional development activities, ensuring that a proportion of this participation is conducted with peers
- to facilitate compliance for both the College and participants with the requirements of the AMC, the MCNZ and medical boards and other authorities in the various jurisdictions
- to encourage a culture within the College of review and reflection on professional practices.

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## Program Principles

The program embraces adult and lifelong learning principles and aims to:

- be practice-based, incorporating peer interaction and review to reflect the collegiate nature of learning in medicine
- be flexible and inclusive of a wide range of activities
- be supportive of participants
- be responsive to feedback and audit of the program and research in the evolving field of CPD.

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## The Annual Program Requirements

Based on the requirements of the Medical Board of Australia (MBA) and the MCNZ, the 2021 program involves a minimum of 50 hours comprising:

- an annual Professional Development Plan (PDP), an automatic allocation of 5 hours annually
- a minimum of 10 hours of Peer Review activities (PR)
- a minimum of 5 hours of Practice Development, Quality Improvement and Review activities (PI)
- a minimum of 25 hours of Self-guided learning (SGL)
- an additional 5 hours is required above the total allocated hours for the PR, PI and SGL activities to meet the minimum annual requirement of 50 hours (AH)
- an audit of medical practice (a requirement for all New Zealand doctors\*).

*\*New Zealand doctors please note: the MCNZ requires that one audit of medical practice per year is completed in order to meet recertification requirements. More information on page 8.*

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## My CPD Online System

My CPD is the online system that records participants' portfolios of CPD activities. CPD participants are required to use the system to record and manage their CPD throughout any given year.

My CPD allows participants to:

- access their CPD record via mobile devices, tablets and computers
- monitor their CPD progression against program requirements
- upload documentation to substantiate activities
- log activities as they are completed
- record their reflection on their learning
- access the CPD program at any time
- download CPD certificates
- access CPD related news.

My CPD also:

- removes the need to submit a separate CPD 'claim'
- creates a paperless CPD program
- allows for paperless audit
- allows participants to record activities to the nearest half hour (e.g. 1.5 hours).

[My CPD](#) can be accessed through the College website.

- Logging activities as they are completed, with any substantiating documentation included (e.g. certificates, verified / signed documentation, presentations delivered), maximises the benefits of the system to participants.
- The CPD year is a calendar year, starting 1 January and concluding 31 December each year, and all activities should be completed during this time period. To allow participants to finalise their CPD there is an extended reporting period that ends 31 March of the following year (unless otherwise advised).

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## MCNZ Requirement - Audit of Medical Practice

There is an additional and specific requirement of the MCNZ for all New Zealand doctors to participate in one audit of medical practice per year as part of their recertification. Depending on the activity undertaken, this may be included in CPD activities under:

- section 2.1 Peer Review Groups
- section 2.2 Practice Peer Review
- section 3.2 Continuous Quality Improvement.

An audit of medical practice has been defined by the MCNZ as:

“a systematic, critical analysis of the quality of a doctor’s own practice and is used to improve clinical and / or health outcomes, or to confirm that current management is consistent with current available evidence or accepted consensus guidelines.

Audit of medical practice may be multidisciplinary. It involves a cycle of continuous improvement of care, based on explicit and measurable indicators of quality. Importantly, it has a statistical basis.”

### Examples of medical practice audit can include:

- external audit of procedures (not of the service)
- comparing the processes or outcomes of health or patient care, with best practice in that domain
- analysis of patient outcomes
- audit of departmental outcomes including information on where you fit within the team
- audit of your performance in an area of practice measured against that of your peers
- taking an aspect of practice, such as transfusion rates, and comparing your performance to national standards
- formal double reading of scans or slides and assessment of your results against those of the group
- patient satisfaction survey
- checking that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or group of patients.

### Criteria for conducting an audit of medical practice:

- the topic for the audit relates to an area of your practice that may be improved
- the process is feasible in that there are sufficient resources to undertake the process without unduly jeopardising other aspects of health service delivery
- an identified or generated standard is used to measure current performance
- an appropriate written plan is documented
- outcomes of the audit are documented and discussed
- where appropriate, an action plan is developed that will identify and maximise the benefit of the process to patient outcomes



- the plan should outline how the actions will be implemented and the process of monitoring
- subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.

**Links for further information:**

[\*MCNZ - Recertification and Professional Development\*](#)

[\*MCNZ - Maintain Registration\*](#)

[\*RANZCP CPD Policy for Continuing Professional Development\*](#)

# CanMEDS and the CPD Program

CanMEDS is an educational framework developed by the Royal College of Physicians and Surgeons of Canada identifying and describing seven roles of the medical specialist that lead to optimal health and health care outcomes for patients: medical expert, communicator, collaborator, leader, health advocate, scholar and professional.\*

The RANZCP has endorsed CanMEDS as the curriculum framework for the competency-based Fellowship Program (<https://www.ranzcp.org/Pre-Fellowship/About-the-training-program.aspx>).

Fellowship Competencies have been articulated as definitive statements iterating the College's understanding of psychiatry in Australia and New Zealand, described through the CanMEDS roles.

Competency-based education and training carries over into adult lifelong learning. The core Fellowship competencies, as outlined in the competency-based Fellowship training program, broadly define the capabilities expected of all trainees on attaining Fellowship of the College. The concept of competency-based education is that these objectives, or competencies, should define the core skills needed for professional psychiatric practice.

\*The CanMEDS 2015 Physician Competency Framework pg vi © 2005 The Royal College of Physicians and Surgeons of Canada

## CanMEDS Roles

The **Medical Expert** applies medical knowledge, clinical skills and professional attitudes in the provision of patient-centred care.

The **Communicator** effectively facilitates the doctor-patient relationship and the dynamic exchanges that occur before, during and after the medical encounter.

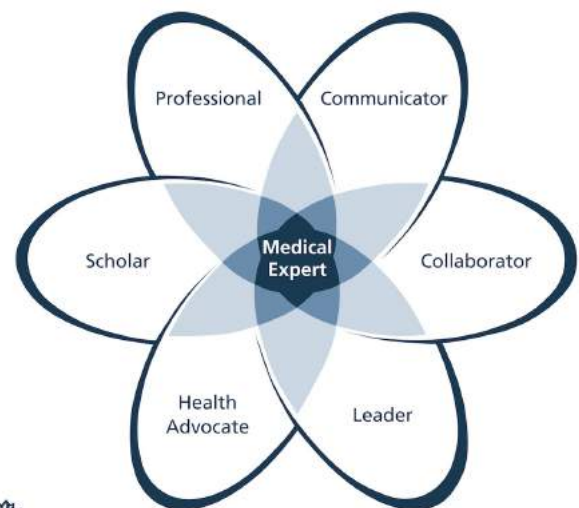
The **Collaborator** works effectively as a member of a health care team to achieve optimal patient care.

The **Leader** is an integral participant in health care organisations, organising sustainable practices, making decisions about allocating resources and contributing to the effectiveness of the health care system.

The **Health Advocate** uses expertise and influence to advance the health and well-being of individual patients, communities and populations.

The **Scholar** demonstrates lifelong commitment to reflective learning and creates, disseminates, applies and translates medical knowledge.

The **Professional** is committed to the health and well-being of individuals and society through ethical practice, professional-led regulation and high personal standards of behaviour.



ROYAL COLLEGE  
OF PHYSICIANS AND SURGEONS OF CANADA  
COLLÈGE ROYAL  
DES MÉDECINS ET CHIRURGIENS DU CANADA

CANMEDS

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Links to further information:

[CanMEDS Framework](#)

[RANZCP Fellowship Competencies](#)

# Changes on the Way

The MBA and the MCNZ are making changes to CPD requirements for registration.

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## Australia - Professional Performance Framework

In Australia, the Professional Performance Framework (PPF) has been prepared by the MBA and its implementation is expected over the next two to three years. The strengthening of CPD requirements will require all doctors to:

- have a CPD 'home' and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base CPD on a personal PDP
- do at least 50 hours of CPD per year that includes a mix of:
  - reviewing performance
  - measuring outcomes
  - educational activities.

There will be some incidental changes to the RANZCP program. The categories of reviewing performance and measuring outcomes overlap with existing RANZCP program Sections 2 (PR), and 3 (PI). Some activities will need to be recategorised in the future to map against the PPF. Additionally, it is expected that, to align with the PPF:

- the PDP will have an annual allocation of two hours, rather than the five it is currently allocated, and
- the hours for measuring outcomes (Section 3 activities) will increase from the present requirement of five hours annually to a total of 12.5 hours annually.

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## New Zealand

In New Zealand the MCNZ is introducing strengthened CPD requirements that are broadly similar to those of the MBA. Additionally:

- Doctors will be required to discuss their practice annually with a peer, and to record that this has happened.
- Cultural safety and a focus on health equity should be embedded in all CPD activities.

Links to further information regarding cultural safety and health equity:

[\*SBS Australia - Cultural Competency Program\*](#)

[\*MCNZ - Cultural Safety\*](#)

# Framework of CPD Activities - Section 1

## Section 1: Professional Development Plan (PDP) 5 hours annually

Planning for CPD by developing a PDP allows for consideration of the many facets of the practice of psychiatry and how each element may be enhanced through CPD. Targeted CPD activities may be planned with the aim of enhancing strengths, addressing issues, and to take advantage of opportunities for improvement in all aspects of practice.

It is a requirement of the MCNZ that New Zealand members have an annual conversation with a peer about their practice. This often occurs within the workplace and should be demonstrated in the PDP. There is a new resource for use within Peer Review Groups to assist members with the development of their PDP. It is not mandatory for PDPs to be discussed within a group however many members, binationally, find it useful.

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### Developing a PDP

Developing a PDP at the beginning of the CPD program serves as a guide or map to stimulate potential learning and professional development for the next year. It should take no longer than 5 hours to develop. The aim of planning is to consider current practice to identify elements of practice that might be enhanced, or areas of particular interest, and to make a plan to achieve the identified outcomes.

- Developing and implementing a PDP may be seen as a cycle of four steps: THINK, PLAN, DO, REVIEW as shown in the model below and described on the following pages.
- It can be helpful, periodically throughout the calendar year, to review progress towards the achievements of the original PDP learning outcomes and to summarise progress on the PDP requirement in the My Progress section in My CPD. There is also a Planning and Review Form (PDP Template) available for use if preferred.
- **Reformulate the PDP as learning needs change during the year, expanding or contracting learning outcomes and planning new CPD experiences.**

#### FAQ: Why should I have a PDP?

Having a plan at the beginning of the year will assist in identifying appropriate CPD activities, and for reviewing the effectiveness of the PDP at the end of the year in achieving CPD program learning objectives.

### Recording and Summarising the PDP – PDP Planning and Review

The PDP summarises the learning outcomes. This enables the planning, recording and reporting of activities completed across all CanMEDS Roles, and the application to practice improvement for easy reference.

The College does not mandate a specific PDP form, however templates which can be used are found in the [CPD Resources page of the College website](#). If you develop a PDP with your employer, then that form (or relevant documentation) may be used as appropriate. At a minimum, your My CPD record should contain two completed forms showing the initial PDP development and the end of year PDP review. The second version could be an updated review of the initial PDP. Reflection components will be included in audit reviews.



**Links to further information:**

*See the guide to developing a PDP and some PDP templates on the CPD resources page of the College website*

**Reflect on Current Clinical and Non-Clinical Practices – Reflect on interest areas and gaps – Reflect on Models of Excellence**

- Consider individual areas of interest, expertise and strengths alongside areas of concerns, shortfalls and constructive feedback achieved through other learning activities.
- Consider models of excellence in practice and resources such as the CanMEDS Roles.
- Consider newly published College Clinical Practice Guidelines.
- Consider knowledge and information gained from learning activities undertaken previously.
- Review your PDP from the previous year.

**THINK**

Identify possible areas of practice improvement.

**Choose a practical number of priority areas for practice improvement**

- Formulate learning outcomes describing what you wish to achieve and consider how these outcomes may link to the Fellowship Competencies.
- Consider how these learning outcomes will be achieved, what activities might be undertaken, when and where they will be done and who will be involved.
- Plan a program for the activities with a timeline for completion over the year.

**PLAN**

Identify specific learning outcomes for the PDP and develop a program for activities.

**Implement the PDP**

- Participate in the activities as planned.
- Record the time spent via My CPD as appropriate – see the RANZCP [CPD Audit Policy](#) for more information.
- Evaluate each activity and note application of new learning toward practice improvement.

**DO**

Participate, evaluate, record and apply learning outcomes.

**Review the PDP**

- Consider current training needs.
- Begin the THINK, PLAN, DO, REVIEW cycle for the following year.

**REVIEW**

Reformulate the PDP throughout the year, expanding or contracting learning outcomes and planning new CPD experiences.

# Framework of CPD Activities - Section 2

## Section 2: Formal Peer Activities (PR) 10 hours annually

Formal peer review activities include activities with peers involving critical review and evaluation of one's professional practice.

The requirements for peer review activities are based on the understanding that adult learning needs to be experience-based and self-directed and that professional learning occurs in part through involvement in learning activities within the larger professional community.

### Definition of a Peer

For the purposes of the CPD Program, a peer is defined as a practising specialist psychiatrist.

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## 2.1 Peer Review Groups

Peer Review Groups (PRGs) are small, self-selected groups of peers who meet to review their work in a setting that is organised to be supportive for individuals involved to present and learn from the presentation of work experiences and issues. More information is available in the [RANZCP Peer Review Group Guidelines](#), including:

- membership
- meeting size
- meeting frequency
- registration
- documentation
- record-keeping and the role of the coordinator
- Qualified Privilege and PRGs.

### Aim of Peer Review Groups

PRGs provide a setting for psychiatrists and other members to present work conducted in a professional capacity and to undertake continuing learning and professional development through exploring issues raised by such presentation. Presenting and discussing cases at a PRG is not a substitute for a formal second opinion. A psychiatrist may, especially in circumstances of controversy or complaint, identify a need for documented evidence of independent assessment and advice on appropriate management. In these situations, the psychiatrist should seek a formal second opinion from an independent practitioner who then conducts a personal assessment of the patient.

A PRG does not provide clinical or operational oversight to the professional work being undertaken by a member of the group. PRGs do not have any responsibility for the quality or ethical conduct of individual members, except when mandated by legislation or the Codes of Ethics of the RANZCP.

## Mode of Meeting

While face to face is the traditionally preferred mode of meeting for peer review, technological options for peer review are also encouraged - psychiatrists in geographically isolated areas, and those who find it difficult to find and attend suitable face to face PRG meetings, might find it particularly helpful to explore this.

The use of video and teleconferencing technology, and web-based communications systems, is encouraged where confidentiality can be assured. The College has a new [guide for PRGs meeting virtually](#), which is published on the College website.

The registration of PRGs or Dyads using the telephone for regular meetings between peers is also possible, where no other options for peer review exist.

### Recording PRG Attendance

Group coordinators or record keepers are responsible for the completion and sign-off of attendance at PRG meetings, which will be used to verify hours for the audit process. Only the PRG coordinator and the record-keeper are authorised to complete attendance records for meetings via My CPD on behalf of the group. Once submitted, each participant's CPD record will be populated to reflect their attendance.

Please note: This will not update any non-College members CPD records (those not enrolled for CPD).

### Links to further information:

[Qualified Privilege - Australia](#)

[Qualified Privilege - New Zealand](#)

[RANZCP Peer Review Group Guidelines](#)

[RANZCP CPD - Peer Review Group Activities](#)



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## 2.2 Practice Peer Review

Practice Peer Review (PPR) provides a series of structured discussion meetings, held either in person or virtually over a period of up to three months.

Although designed to be undertaken as several separate interactions, the program is flexible enough for meeting over a single day.

The PPR structure covers:

- a process of connecting peers
- an initial meeting
- a practice discussion
- a practice development discussion
- and finally, a practice reflection facilitated by a trained PPR Facilitator.

This CPD activity is currently being developed by the Committee for Continuing Professional Development, in order to make it a valuable experience for all members.

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## 2.3 Supervision and Formal Second Opinions

Personal supervision by a practising specialist psychiatrist, either individually or in a group, provides the opportunity to present work to a supervisor for scrutiny with the aim of improving clinical knowledge, skills and competence.

Providing supervision to another specialist psychiatrist peer is also included in this category, as is providing a formal documented second opinion for a psychiatrist peer.

### Links to further information:

[Updates and information regarding Practice Peer Review](#)

[CPD resources for peer activities](#)

## Summary Table of Activities - Section 2

Activity	Description	Evidence Required	Claim in
<b>Case Review</b>	A second opinion for or from another psychiatrist, for example: advice on direction of a case that may or may not include seeing the patient.	Evidence provided by letter / email that states dates and duration.	2.3
<b>Medico-legal report writing (second opinion)</b>	Formal documented second opinion for a psychiatrist peer or receiving a formal documented second opinion from a peer psychiatrist.	Evidence provided by letter / email that states dates and duration, preferably from the Third Party e.g. HDC if appropriate.	2.3
<b>Peer Review Group Meetings</b>	College registered groups, containing at least two College Fellows.	Uploaded to the system by the coordinator or record-keeper, no further substantiating evidence is required.	2.1
<b>Practice Peer Review</b>	Currently under redevelopment.		2.2
<b>Practice visit or performance assessments conducted on behalf of national regulators</b>	Vocational Practice Assessments for MCNZ. Performance assessments for Regulators for competency or professionalism concerns.	Letter from Regulator confirming participation.	2.2
<b>Supervision</b>	Receiving individual or group supervision by a psychiatrist peer. Providing supervision to peer/s including for remediation purposes.	Evidence provided by letter / email that supervision has been undertaken and the number of sessions for the year.	2.3
<b>Supervision of Registrars</b>	Not regarded as peer review.	See Section 4.	4.3
<b>Supervision by or to a non-Psychiatrist</b>	Not regarded as peer review.	See Section 4.	4.5
<b>Supervision of a Fellow in Training</b>	A Fellow undertaking training for an Advanced Certificate	Evidence provided by letter / email that supervision has been undertaken and the number of sessions for the year.	2.3
<b>Second Opinion (formally undertaken)</b>	Formal documented second opinion for a psychiatrist peer or receiving a formal documented second opinion from a peer psychiatrist.	Evidence provided by letter / email that states dates and duration preferably from the Third Party e.g. HDC if appropriate.	2.3
<b>Second Opinion – presenting case at PRGs</b>	Presenting a case at a PRG cannot also be claimed as a second opinion as it is already recorded as a learning activity (PRG activity).	Attendances at PRG meetings are uploaded to the system by the coordinator or record-keeper.	2.1
<b>SIMG applications - for pathways to Fellowship, assessment of applications</b>	Not regarded as peer review.	Elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	4.4
<b>Tribunal Work</b>	Not regarded as peer review.	Elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	4.4

# Framework of CPD Activities - Section 3

## Section 3: Practice Improvement Activities (PI) 5 hours annually

Section 3 activities include those which have a component of:

- review by peers
- active learning by being engaged in the instructional process by means of such activities as exploring, analysing, communicating, creating, reflecting, or actually using new information or experiences<sup>1</sup>
- research and/or demonstrable transference of learning into practice improvement.

Section 3 activities adopt a systematic approach to practice improvement and may take longer than one calendar year to complete. They involve critical review of your own or your service's practice, deliberate implementation of change and a monitoring component. They involve use of the Plan-Do-Study-Act principle, as in the diagram below. There are many tools developed for use within Section 3, please refer to the [CPD resources page of the College website](#).

<sup>1</sup> Graffam, B. Active learning in medical education: Strategies for beginning implementation. Medical Teacher, 29 (1), 38-42.



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## 3.1 Practice Development and Review

Activities in this category include practice review and may include interactive workshops.

**Please note:**

The definition of interactive workshops for the purpose of practice development and review is quite specific. Please refer to the [RANZCP Guideline: Interactive Workshops for RANZCP CPD](#) on the CPD resources page of the College website. This document includes relevant definition explanations and there is an accompanying checklist to ensure your activity qualifies for Section 3.1 of RANZCP CPD.

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## 3.2 Continuous Quality Improvement

This category includes audit activities, accreditation activities and quality improvement activities which have furthered the participant's CPD goals. Learning experiences as a result of involvement in an external review of psychiatric services, for example, may be applicable particularly if there has been activity in collating information and preparing for the review.

**Please note:**

Actual hours involved working on Tribunals or Mental Health Review Boards cannot be used for CPD hours. Other elements of tribunal or review work that have contributed to professional development can be recorded under Section 4.4 Informal learning activities.

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## 3.3 Research

This activity relates to research and investigation to improve learning and development in psychiatry. A clearly stated criterion of investigation into a matter pertaining to psychiatry is required, followed by a decision or outcome of this research based on the criterion and evidence. There must be a demonstrated transference of research findings into practice.

## Summary Table of Activities - Section 3

Activity	Description	Evidence Required	Claim in
<b>Accreditation (RANZCP) of training programs, posts and Formal Education Courses</b>	College activity to assess the accreditation of a training program or post or Formal Education Course.	College letter of attendance.	3.2
<b>Audit (formal clinical)</b>	Audit activities that relate to clinical activities e.g. relating to the RANZCP clinical practice guidelines.	Outline of audit including number of cases, standards used, learning outcome or reflection.	3.1
<b>Audit (practice / service)</b>	For example, histories, correspondence, recall systems.	Outline of audit including number of cases, standards used, learning outcome and reflection. De-identified sample of questionnaire	3.2
<b>Critical Incident Review</b>	Review of an event, in order to assess and improve system safety.	First page of agenda with membership listed, or letter from organisation or convener confirming participation.	3.2
<b>Ethics submission</b>	Ethics submission for a research proposal – does not have to be accepted.	Receipt of submission.	3.3
<b>Exams – see 'Written Exam' or 'OSCE'</b>			
<b>External review of psychiatric or mental health services</b>	For example, collating information and preparing for the review. This includes larger scale reviews, taskforces and commissions as well as reviews of individual services.	Proof of attendance or participation such as a letter or email, or first page of meeting minutes. Learning outcomes and reflection should be included.	3.2
<b>Inspection Visit</b>	Regulatory body, risk analysis or accreditation.	Proof of attendance or participation such as a letter or email. Learning outcomes and reflection should be included.	3.2
<b>Interactive workshop (attendance at)</b>	A workshop that is designed to use the skills and knowledge of a group of stakeholders to solve a problem or to generate ideas and options to address an issue. A 'problem or issue-based' workshop. A workshop that is designed to improve the skills of individual practitioners through instruction in a skill, practice with feedback of that new skill, and application of that new skill to the individual's clinical practice. A 'skills improvement' workshop.	Attendance certificate.	3.1

## Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
<b>Literature review (preparation of)</b>	To the standard required by Australasian Psychiatry (publication not required).	One-page reflection of topic and relevance for study purposes, proposed methodology and how the review contributes to new learning or confirms existing practices. Alternatively, members can submit paper.	3.3
<b>Mental Health Review Boards</b>	Not regarded as practice improvement activities – elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	See section 4.	4.4
<b>Mortality and Morbidity (M&amp;M) Meetings</b>	Service and organisational M&M meetings.	Agenda with membership listed, or deidentified minutes showing attendance. Learning outcomes and reflection should be included.	3.2
<b>Multi-source feedback (also known as '360-degree')</b>	Patient, professional and stakeholder surveys.	Outline of activity, including a copy of the surveys and methodology. Survey responses are not required. Reflection on learning.	3.1
<b>Online Quality Improvement activities (e.g. CCQI modules via Learn<i>it</i>)</b>	Completing all four modules in the CCQI series on Learn <i>it</i> can be used to meet your section 3 requirements (once only).	Automatically added to 3.2 in My CPD from Learn <i>it</i> .	3.2
<b>OSCE (RANZCP)</b>	Calibration and debriefing meetings for College examinations.	Letter from RANZCP if provided, or confirmation from the College Exam Team.	3.1
<b>Peer reviewer of journal articles</b>	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
<b>Planning meetings</b>	Participation in service planning and decision making.	First page of minutes showing attendance.	3.2
<b>Projects, trials or interventions, including RANZCP quality improvement activities</b>	Participation in quality improvement (QI) projects or trials or interventions (not intended for formal research or publication).	Email or letter of conformation of participation in QI activity including QI project aims, approximate hours of involvement. Alternatively, a reflective ½ - 1 page on QI activity, improvement aims, barriers to improvement and other reflections.	3.3
<b>Publication of manuscript</b>	Manuscript related to psychiatry.	Reference to journal of publication, or if not published, evidence of the feedback from the publishing journal.	3.3
<b>Quality meetings at health services</b>	For example, Mortality and Morbidity or medical management meetings.	Agenda with membership listed, or deidentified minutes showing attendance.	3.2

## Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
<b>RANZCP quality improvement activities</b>	e.g. projects involving the redesign of training or assessment methods. These should be identified by the 'parent' committee as quality improvement activities and acknowledged by the CCPD.	Agenda or minutes (de-identified).	3.2
<b>Research</b>	Demonstrated transference of research findings into practice.	Reflection ½ - 1 page of new research and how it translates into member's practice.	3.3
<b>Review of own performance</b>	For example, by video, and against a standard.	Reflection ½ - 1 page, and how it compared to the standard and how it will be translated into the member's practice.	3.1
<b>Reviewing journal submissions</b>	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
<b>Risk management projects</b>	For example, at a health service – identification, analysis, and planned changes to responses to risks.	Email or letter confirming participation in the activity including project aims, approximate hours of involvement. Alternatively, a reflective ½ - 1 page on QI activity, improvement aims, barriers to improvement and other reflections.	3.2
<b>Root cause analysis</b>	For example, at a health service – identifying and solving problems to prevent re-occurrence.	Communication confirming appointment / service on the review panel OR approximate number of hours of participation from health service convener.	3.2
<b>Tribunal Work</b>	Not regarded as practice improvement activities – elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	See Section 4.	4.4
<b>Written examination (RANZCP)</b>	Calibration and debriefing meetings for the College's examinations.	Letter from RANZCP if provided, or confirmation from the College Exam Team.	3.1

# Framework of CPD Activities - Section 4

## Section 4: Self-guided Learning Activities (SGL) 25 hours annually

SGL activities include continuing medical education activities, research or other learning activities that support practice. These involve new knowledge acquired in a variety of settings and contexts.

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### 4.1 Accredited Group Learning

This category includes educational meetings organised by a medical college, special society, health or educational institution or other recognised body. They must have education, skills development or professional practice improvement as their primary purpose. The course must be ethically and professionally based and cover topics relevant to the practice of psychiatry.

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### 4.2 Structured Formal Learning

Education courses provided by a recognised educational institution and relevant to the practice of psychiatry are recognised as a CPD activity within this category. Such formal courses usually provide a qualification or certificate after an assessment process. Participants are asked to upload evidence of enrolment and/or certificates of completion for CPD audit purposes. Attendance at conferences or one-off seminars or workshops is not a structured Formal learning activity and should be reported under category 4.1.

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### 4.3 Teaching

Teaching undertaken must involve the generation of new knowledge or skills for the presenter to be acceptable for this category. Routine teaching may **not** be appropriate as a CPD activity. Hours may be recorded for the supervision of registrars and teaching medical students and registrars when the preparation or teaching time contributes to the practitioner's own knowledge and skills.

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### 4.4 Informal Learning

These include time spent on professional reading, listening to and working through electronic and CD/DVD educational materials, web-based learning such as podcasts, database searches and other applicable education and training activities.

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## 4.5 Team Based Learning

These are activities which encompass some elements of peer and workplace consultation in patient care. Training in cultural contexts of care or in consultative practice involving carers and consumers may fall into this category of learning.

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## 4.6 Accredited Online Modules

The College provides access to high quality online learning modules suitable for its CPD program via the RANZCP Learning Management System, Learn*it*.

On successful completion of a module via Learn*it* an automatic update will be made to the participant's My CPD record, with each module attracting an applicable hour allocation. Certification of modules may also be downloaded, printed and used for proof of completion if required by RANZCP members. Non-CPD members will need to contact the CPD Team for a letter of verification relating to completed Learn*it* activities. All RANZCP members may access the modules via the College website. Modules with no CPD hours attached will not be recorded in My CPD.

**Please note:**

Only the first completion of an accredited module attracts CPD hours.

Subsequent completions will not.



### CPD Online Hours

Should participants extend their learning and implement the ideas learnt via the online modules in their own practice, for example through additional reading or study, the extended hours may be recorded in additional categories such as category 4.4.

Please note that any non-accredited modules undertaken with providers other than the RANZCP through Learn*it* will require the participant to log their hours through the My CPD system and upload substantiating documentation to show completion of the modules achieved. Non-accredited modules can also be recorded - under category 4.4 Self-guided Learning.

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## 4.7 College Activities

College activities such as participation on RANZCP Committees and development of College resources can be recorded under this category. Mentoring can also be included in this category, for example the Specialist Training Program (STP) for Mentoring Rural Trainees.

Non-accredited modules can also be recorded - under category 4.4 Self-guided Learning.

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## Summary Table of Activities - Section 4

Activity	Description	Evidence Required	Claim in
<b>Accredited Short Education Courses</b>	Provided by a recognised educational institution.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>Attachment to another service</b>	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
<b>Audio visual learning media</b>	Podcasts, DVDs, CDs, TED talks and similar relating to psychiatry clinical practice or professional development.	Citation and notes, brief reflection on learning gained.	4.4
<b>Journal and text reading</b>	Journal, textbook or grey literature reading for the purposes of maintaining currency or learning new information.	Citation and notes, brief reflection on learning gained.	4.4
<b>Branch CPD activities</b>	Presentations of clinical information and professional development relevant to psychiatric practice (in-vivo or on-line).	Certificate of attendance or completion.	4.1
<b>Branch Training Committee</b>	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7
<b>Carer and Consumer consultation meetings</b>	Participation in consultation meetings.	Proof of attendance, or a reflection on the learning achieved.	4.5
<b>Case study reviews – informal group</b>	Case presentation meeting (departmental, inter-disciplinary etc.).	Proof of attendance, or a reflection on the learning achieved.	4.5
<b>Case study reviews – interdisciplinary or multidisciplinary</b>	Grand rounds, journal clubs.	Proof of attendance, or a reflection on the learning achieved.	4.5
<b>Certificate of Advanced Training (RANZCP)</b>	Fellow in Training.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>College Committee</b>	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7
<b>College resources</b>	Development of College resources.	Evidence of College resource developed or reflection outlining resource.	4.7
<b>Conferences (attendance)</b>	Conferences, workshops, Congress attendances.	Certificate of attendance / completion. Brief reflection on learning gained.	4.1
<b>Conference (presentation at)</b>	Development, presentation and review of conference sessions, including poster presentations.	Certificate or letter from course coordinator or organisation OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3

## Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
<b>Database searches</b>	Relevant to the practice of psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
<b>Diploma/ Advanced Training Certificate or post graduate studies - includes institutional and distance learning</b>	Related to the field of psychiatry or relevant to the practice of psychiatry e.g. administration, academia / research or education / Master's programs.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>Distance Learning – structured formal learning</b>	Attendance at a short course via distance learning (non-Post Graduate courses).	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>Evidence in Court</b>	Preparation for giving evidence as a witness.	A record of the reading with citations, and a brief note regarding learning outcomes (MUST be de-identified).	4.4
<b>Examination Marking</b>	College Written Exam marking where the standard setting workshop was NOT attended.	Certificate or letter, or confirmation from the Exam Team.	4.7
<b>Examination - question development or participation</b>	College exams – development of questions or delivery of the examination.	Certificate or letter, or confirmation from the Exam Team.	4.3
<b>Grand Rounds</b>	Attendance at organisational grand rounds.	Certificate of attendance or reflection of learning achieved for the session.	4.5
<b>Hospital onsite training</b>	For example, fire safety, basic life support.	Certificate of attendance.	4.5
<b>Journal clubs</b>	Journal clubs related to the practice or psychiatry or related areas e.g. e.g. administration, academia / research or education.	Certificate of annual attendance or reflection of the session.	4.1
<b>Journal reading</b>	College and other journals, relevant to the practice of psychiatry.	Brief citation and notes, reflection of learning gained.	4.4
<b>Learning Journals</b>	Daily or weekly journal, updated with new learning.	Reflection on the learning gained.	4.4
<b>Learning Project</b>	For example, investigating a specific aspect of practice or researching a topic – where a learning need is identified. May include study of relevant literature, training (if includes a quality assurance activity to assess the performance of the new skill – this could be claimed under Section 3.2).	Documentation of the plan and literature, proof of completion of training	4.4
<b>Lecture / learning session or training session (presenter)</b>	Development, presentation and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3

## Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
<b>Lecture / learning session or training session (attendance)</b>	Passive attendee, for a one-off seminar or lecture.	Certificate of attendance OR, reflection of learning gained.	4.1
<b>Master's degree</b>	Related to the field of psychiatry or relevant to the practice of psychiatry e.g. administration, academia / research or education	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>Medico-legal reports</b>	Additional research that contributes to your own knowledge and skills. The drafting of the report itself cannot be claimed.	Citation and notes, brief reflection on learning gained.	4.4
<b>Mental Health Review Board</b>	<b>Note:</b> Actual hours working on Tribunals or Mental Health Review Boards cannot be used as CPD hours. But other elements of the work can be recorded – if they have contributed to your professional development.	Citation and notes, brief reflection on learning gained.	4.4
<b>Mentoring</b>	Mentoring of psychiatry house officers, trainees or peers including STP Mentoring of rural or remote trainees.	Copy of register of meetings.	4.7
<b>Online modules – RANZCP</b>	Through the College Learn <i>it</i> program – automatically listed on individual My CPD pages.	Modules are automatically listed on My CPD in the relevant section.	4.6
<b>Online modules – non-RANZCP</b>	From non-accredited internet CPD programs	Certificate of completion OR brief reflection on learning gained.	4.4
<b>Online modules – extended learning</b>	Extended learning or implementation of ideas, additional reading or study.	Citation and notes from further reading, reflection on learning gained.	4.4
<b>Peer Tutoring</b>	Tutoring other psychiatrists. Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator or organisation OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3
<b>PhD</b>	Related to the field of psychiatry or relevant to the practice of psychiatry e.g. administration, academia / research or education.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
<b>Podcasts (listening to)</b>	Podcasts, DVDs, CDs and TED talks or similar relating to psychiatry clinical practice or professional development.	Citation and notes, brief reflection on learning gained.	4.3
<b>Podcasts (production)</b>	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3

## Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
<b>Private reading</b>	College and other psychiatry or related journals, psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
<b>Publication – not peer reviewed</b>	Articles, books, book chapters - not subject to peer review	Proof of publication.	4.4
<b>Research / background reading</b>	College journals psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
<b>Sabbatical</b>	Period of research or study.	Reflection on the learning achieved.	4.4
<b>Secondment to another service</b>	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
<b>Seminar (attendee)</b>	One-off lecture or seminar.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
<b>Seminar (writer and presenter)</b>	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3
<b>Short courses (attendee)</b>	Attendance at a short course.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
<b>Social Media for Learning Purposes (teaching)</b>	Social media groups, preparation and teaching that contributes to your own knowledge and skills.	Evidence of posts, such as a screen capture OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3
<b>Supervision of Registrars</b>	Preparation and teaching that contributes to your own knowledge and skills. (2.3 is Supervision of or with a Peer Psychiatrist).	Letter or email confirming dates supervision.	4.3
<b>Teaching Medical Students</b>	Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3

## Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
<b>Teaching (other)</b>	For example: other psychiatrists, peer tutoring, general practitioners. Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator or organisation OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3
<b>Text reading</b>	College and other psychiatry or related journals, psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
<b>Training in cultural contexts of care</b>	Seminars, workshops, lectures, e-learning training on culturally safe practices.	Certificate of attendance OR reflection of learning gained.	4.5
<b>Tribunals</b>	<b>Note:</b> Actual hours working on Tribunals or Mental Health Review Boards cannot be used as CPD hours. But other elements of the work can be recorded – if they have contributed to your professional development.	Citation and notes, brief reflection on learning gained.	4.4
<b>Tutorial (attendee)</b>	Passive attendee, at one-off tutorial or a series of tutorials related to a topic.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
<b>Tutorial (writer and presenter)</b>	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3
<b>Webinar (attendee)</b>	Passive attendee, at one-off webinar or a series of webinars related to a topic.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
<b>Webinar (writer and presenter)</b>	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3
<b>Workshop (attendance at, non-interactive)</b>	Attendance at a non-interactive workshop.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
<b>Workshop (writer and presenter)</b>	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g. survey results).	4.3

# Framework of CPD Activities - Section 5

## Section 5: Additional Hours (AH) 5 hours annually

An additional five hours is required, above the total allocated hours for the PR, PI and SGL activities, to meet the minimum annual requirement of 50 hours.

If you complete more than the required hours in these sections, the additional hours will automatically be allocated to Section 5 in My CPD.

### Links to further information:

*[CPD Resources page of the College website](#)*

*Please contact the CPD team via [cpdhelp@ranzcp.org](mailto:cpdhelp@ranzcp.org) if you have any questions or require assistance.*

# RANZCP Endorsement of CPD Events and Activities

The College acknowledges that one of its core purposes is to provide a leading role in the training and support of specialist psychiatrists, by supporting and providing life-long learning via formal CPD and conference activities.

The purpose of 'RANZCP endorsement' is to enable College CPD participants attending educational events to be confident that the event has met the high standards set by the College. It is an assurance that the activity's objective has been evaluated (assessed by suitable personnel) and could assist CPD participants, Fellows, Affiliates, Associates, employers and their clients in selection of relevant CPD activity.

Endorsement is aimed to enable the College CPD participants to recognise that:

- a provider of a CPD activity is willing to undergo scrutiny by the College
- the CPD activity meets the standards set by the College
- the endorsed CPD activity will add value to the professional development of the participant.

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## Application Process

To achieve endorsement for external CPD activities, the following is required:

- The applicant must complete the relevant application form, notifying the College of their request for a review of the educational content against criteria, in order for the CPD activity to be assessed for endorsement.
- The applicant must pay the relevant endorsement application fee.
- The activity will be assessed against the educational criteria, and the applicant notified as to whether the activity will be endorsed, (and the number of CPD hours that can be recorded for the activity).

Activities for internal endorsement are approved at a local level by the appropriate Branch.

All RANZCP CPD Endorsed events shall be marked with the logo pictured below, noting the identification number and hours that can be allocated to the event.



**CPD**  
endorsed

Links to further information:

[Endorsement page of the College website](#)

Please contact the CPD team if you have any questions regarding endorsement - [cpdhelp@ranzcp.org](mailto:cpdhelp@ranzcp.org)



# Annual CPD Process

## The Annual Process

Throughout each year, CPD participants are required to record their CPD indicating the hours for each CPD activity undertaken, and the relevant evidence provided. These activities must be finalised on the RANZCP My CPD system.

CPD participants will receive periodic reminders of outstanding elements of their CPD program, and of key dates:

- end of the CPD year **31 December**
- end of the extended reporting period **31 March of the following year.**

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## New Fellows

New Fellows are required to meet the minimum CPD requirements for the first full calendar year of Fellowship.

New Fellows who attain Fellowship **after the 30 June** in any given year will be enrolled in the CPD Program and expected to engage in CPD activities for the remainder of that year but will not have to meet the minimum requirements for that year.

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## Fellows Overseas

Completing CPD is a requirement for maintaining Fellowship of the RANZCP. The CPD program provided by the RANZCP is designed to ensure that Fellows meet the CPD requirements of their registration in Australia or New Zealand.

Overseas CPD activities can be assessed for comparability with the RANZCP program via CPD staff. Should a Fellow overseas have non-practising registration / status in Australian or New Zealand, they must provide the College with proof of completion of their local CPD program in order to maintain FRANZCP.

More detailed information is available on the [College website](#).

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## Retired Fellows

Retired Fellows may continue to participate in the CPD Program, should they wish to do so. Retirement from RANZCP CPD can only occur if the Fellow no longer holds practising registration and is retired from the College.

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## Exemptions from the Program

Participants who are on leave from clinical practice may apply to the CPD office to have their CPD program suspended or deferred for that year. Deferral from the program is normally granted for a period of up to one year but may be extended on a case-by-case basis in special circumstances. The requirements of the program may be suspended during the period of deferral. Applications should be made on the deferral form available on the [College website](#).

Links to further information regarding temporary absence:

[\*MBA CPD Registration Standard\*](#)

[\*MCNZ Taking a Break\*](#)

[\*RANZCP Exemptions Policy\*](#)

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## Certificates of Completion

A Certificate of Completion of the RANZCP CPD program for the relevant year is provided to participants who complete their CPD activities by the due date, have uploaded them to the My CPD system by the end of the extended reporting period (31 March) and have met the minimum requirements of the RANZCP CPD program.

Participants who are selected for audit, however, will not receive a Certificate of Completion until successful completion of the audit (this usually occurs by the end of September). Until that time the College can provide alternative verification of CPD program participation if / as required.

The Certificate of Completion (and / or transcript of activities) is suitable for use for registration purposes and other occasions where proof of active and adequate CPD participation is required.

CPD enrolees who have not completed the minimum number of CPD hours for the preceding year will not be issued with a Certificate of Completion for that year and shall be deemed to have not participated in the CPD program in that year. The implications of this should be checked by the CPD enrolee with their Medical Board or Registration Authority. Failure to participate in the RANZCP CPD Program may result in Fellows and Affiliate members' names being referred to the RANZCP Board.

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## Late Submissions

Participants who do not finalise their CPD activities by the closing date of the extended reporting period (31 March), seeking to subsequently submit their claim, may be subject to a late fee and audit.

Extensions however may be arranged on a case by case basis in extenuating circumstances and if a negotiation has been made via a member of the College CPD Team prior to the closing date.

# Annual Audit Processes

## Annual RANZCP Audit Process

Each year, 10% of participants' records are audited by the College. This forms part of the quality assurance for CPD programs required by the MCNZ and the AMC.

If selected for audit, CPD participants are required to ensure that evidence to support their previously submitted activities is recorded in My CPD. To ensure that audits are undertaken with the minimum of impost on participants, the College recommends that substantiating documentation is uploaded when entering activities on My CPD. In order to pass the audit, documentation provided must show that the participant has completed a program of CPD sufficient to meet the minimum annual requirements.

Failure to participate in audit requirements may result in Fellows and Affiliate members being referred to the RANZCP Board.

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## Annual MCNZ Audit Process

The MCNZ audits up to 20% of doctors quarterly, to ensure compliance with CPD and recertification requirements. The College has a Memorandum of Understanding with the MCNZ, and each quarter is provided with a list of psychiatrists being audited.

New Zealand doctors authorise the MCNZ to seek information from the College when applying for annual practising certificates. The College will contact members individually if confirmation is required, to check if activities have been completed, but not yet entered in My CPD.

It is important to remember that early in the year MCNZ audits look at the previous year. If audited later in the year, the College is asked to assess the previous year as well as the progression towards completion of the current year. As participation in an audit of medical practice is part of MCNZ recertification requirements, it is recommended that data relating to this be entered in My CPD as soon as practicable in Section 3 (3.1 Practice Development and Review).

To make these audits run as smoothly as possible for participants, it is helpful to keep the information on My CPD up to date.

Links to further information regarding audits:

[RANZCP Policy and Procedure for CPD Claims](#)

[RANZCP Policy and Procedure for Audit of CPD Claims](#)

[CPD Resources page of the College website](#)

[MCNZ Recertification Audit](#)

[MCNZ Recertification and Professional Development](#)

[MBA Registration Standards](#)



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