Policy and Procedure

Program Evaluation: Continuing Professional Development

Authorising Body:	Board
Responsible Committee:	Education Committee
Responsible Department:	Education and Training
Document Code:	**POL-PRC CPD Program Evaluation Policy and Procedure**

1. Introduction

Overview

The RANZCP Continuing Professional Development (CPD) Program provides a pathway for participants to appraise and further develop professional practice, maintain knowledge, skills, and performance standards, and provide high quality, safe psychiatric care. It is an essential part of public assurance of the ongoing professionalism of members and the quality of their practice.

CPD is a mandatory annual activity undertaken by RANZCP Fellows and Affiliates. The RANZCP sets the recognised standard for CPD for psychiatrists in Australia and New Zealand as delegated by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

Effective January 2023, the MBA registration standard requires all doctors registered with the AHPRA to meet the CPD program requirements of their accredited CPD Home. From 1 January 2023, the RANZCP has been accredited by the Australian Medical Council (AMC) as a CPD Home in Australia for doctors practising in the scope of psychiatry.

Continued accreditation by the AMC and MCNZ requires evidence of evaluation that the CPD Program is achieving its intended outcomes, and that key performance indicators are monitored.

Purpose and Scope

This policy outlines processes for:

    a)   evaluating de-identified appeals and complaints to determine if there is a systems problem, and

    b)   evaluating the RANZCP CPD Program.

Policy and Procedures

The RANZCP will continue to work with participants in Australia to meet current requirements of the MBA's 2023 Registration Standard Continuous Professional Development and with participants in New Zealand, to meet the recertification requirements of the MCNZ.

The RANZCP will develop specific key performance indicators in line with the objectives of its CPD Program, that will be systematically reviewed and analysed to ensure ongoing compliance with the requirements of the accreditation, registration and certification bodies.

The RANZCP will systematically monitor and evaluate its CPD Program and use the outcomes of the evaluations to continually improve its strategies and practices and ensure its CPD Program remains relevant and achieves the desired outcomes.

The CCPD will report annually to the Committee for Education Evaluation, Monitoring and Reporting (CEEMR), on the RANZCP CPD Program's performance against the set key indicators.

Participants in the RANZCP CPD Program are expected to adhere to the RANZCP Code of Conduct and the RANZCP Code of Ethics.

2. **Evaluation of appeals, complaints, and feedback**

   2.1 **Appeals** regarding decisions of the CCPD are managed in accordance with [RANZCP Review, Reconsideration and Appeal Policy and Procedure](). De-identified data is considered annually by the CCPD.

   2.2 **Feedback** and **complaints** regarding the CPD program or the My CPD portal are assigned a reference number via the College's Help desk. The system has the capacity to categorise "tickets" according to the issue raised.

   2.3 If the issue relates to the interpretation of the CPD program, for example, compliance or the suitability of an activity, and staff are unable to resolve the issue it will be submitted to the Committee for CPD (CCPD). It can be further escalated if required to the Education Committee (EC).

   2.4 Issues relating to technical support, Learnit, website issues, or CPD resources will be referred to the appropriate area for support.

   2.5 Statistics and patterns relating to member inquiries are analysed and reported to the CCPD on an annual basis, along with recommendations for improvement.

3. **Evaluation of the RANZCP CPD Program**

   3.1 Evaluation of the RANZCP CPD Program is based on a program logic model (Figure 1) which outlines the theory of change associated with the inputs and outputs of the program.

   3.2 **Annual Quality Assurance Audit**

       3.2.1 The annual audit sample, 5% of complete CPD records, provides an opportunity for a quality assurance review of the CPD program including, but not limited to:

   - how the Professional Development Plan (PDP) is utilised

   - the types of CPD activities reported

   - the resources members are accessing for CPD

   - how elements such as reflective practice, cultural safety and health equity, and CanMEDs roles are reported by members.

       3.2.2 A report of the outcomes of the audit is provided to the CCPD annually.

       3.2.3 A qualitative analysis of the responses to Insights/reflections/applications to practice can be conducted on specific aspects of the audit sample annually, as requested by the CCPD.

   3.3 **Compliance processes**

       3.3.1 The end of the extended reporting period and associated compliance reporting provide measures of the CPD process including the:

   - number and proportion of members in different categories completing their CPD in the required timeframes.

   - number and proportion of exemptions and deferrals by category of membership

   - number and proportion of members by category of membership or other demographic indicators at risk of not meeting their CPD requirements

   - reporting of activity by sections and categories of the RANZP CPD program, which can indicate those areas which are under-reported or present challenges for members.

       3.3.2 Compliance monitoring

           3.3.2.1 Compliance with the CPD program is monitored daily Monday – Friday and percentage compliance is graphed.

           3.3.2.2 The distribution of communications relating to CPD (newsletters, bulk emails etc) is noted against the graph to monitor the effect of the communication.

3.3.2.3 Dashboard reports of compliance are presented at each meeting of the CCPD and the Education Committee

3.4 Annual Survey of PRG Coordinators

3.4.1 An annual survey of PRG coordinators is conducted to collect minimum data on items including the:

- composition of groups
- format of meetings
- function of groups
- issues and themes addressed by PRGs
- improvements to practice.

3.4.2 Further questions are specific to Australian or New Zealand groups and collect data to inform the reporting requirements of qualified privilege in each jurisdiction.

3.5 Monitoring of Communications

3.5.1 The communications team provides regular reports on the effectiveness of online communication campaigns. These are monitored for open rates and click rates, with the key performance indicator being a result higher than the average for all college communication campaigns.

3.6 Surveys

3.6.1 Annual member satisfaction surveys to all participants, associated with the annual subscription process, are conducted to monitor whether the RANZCP CPD Program is achieving its intended outcomes.

3.6.2 Ad hoc surveys of a representative sample of the membership are conducted periodically at the request of the CCPD.

3.7 Annual Reporting

3.7.1 The CCPD reports annually to the Committee for Education Evaluation, Monitoring and Reporting (CEEMR), on the RANZCP CPD Program's performance against key indicators.

3.7.2 Key performance indicators include:

3.7.2.1 global indicators that apply to the whole program and its participants

3.7.2.2 audit indicators that apply to the annual random sample of 5% of complete CPD records

3.7.3 Global indicators include:

3.7.3.1 Click and open rates for online communications exceed the College average for all communications.

3.7.3.2 the % of CPD records completed by the close of the extended reporting period

3.7.3.3 the % of members who participate in a peer review group (PRG)

3.7.4 Audit indicators include:

3.7.4.1 the% of Professional Development Plans recording a scope of practice.

3.7.4.2 the% of records demonstrating a cultural safety component.

3.7.4.3 <5% of records demonstrate a single type of self-guided learning, for example only Learnit modules

3.7.5 Key performance indicators will be reviewed annually, and a target set that will be a "stretch" goal.

4. Definitions

Classes of membership are defined in the RANZCP Constitution but for the purposes of this policy are

interpreted in the following way (4.1-4.10):

4.1 Peer: for the purposes of the peer review component of the RANZCP CPD Program (including peer review groups, practice visits and supervision), a peer is a specialist psychiatrist in practice.

4.2 Fellows: qualified psychiatrists who have successfully completed the RANZCP training program or otherwise have met the requirements for Fellowship of the RANZCP and who have maintained membership of the RANZCP by payment of the appropriate annual membership fee.

4.3 Affiliates: overseas-trained psychiatrists (OTPs) currently working in psychiatry in Australia or New Zealand and who have maintained membership of the RANZCP by payment of the appropriate annual membership fee.

4.4 Individuals: registered medical practitioners who are neither Fellows nor Affiliates who choose to participate in the RANZCP CPD Program and who have paid the appropriate fee. These medical practitioners may have specialist psychiatry training but are not a Fellow or Affiliate of the RANZCP. (Individual participation in CPD does not indicate membership of the RANZCP).

4.5 Certificants: a new category of CPD participants, introduced in 2026. They are graduates of the Certificate of Postgraduate Training in Clinical Psychiatry.

4.6 Associate: a trainee currently completing the RANZCP training program in psychiatry.

- Associates (Trainees) who are actively training meet the requirements of the registration standard through their participation in the Fellowship program implicitly and therefore are not required to undertake CPD activities.

- Australian Associates (Trainees) who are not actively training and who are on a prolonged Break in Training (BiT), are required to complete a modified CPD Program for Australian Trainees on a prolonged Break in Training to meet the MBA's registration standard. The College will automatically enrol them in the RANZCP modified CPD program, however, they may choose to complete CPD with a different CPD Home, at their own cost.

- New Zealand Associates (Trainees) not in active training roles must meet their CPD requirements through Best Practice Advocacy Centre New Zealand (BPAC NZ) as outlined by the Medical Council of New Zealand.

4.7 Active Training: - this is defined as three months of training plus the submission of an InTraining Assessment (ITA). Note that passing the ITA is not required.

4.8 Member: a member of the RANZCP including Fellows, Affiliates and Associates.

4.9 Participants: Fellows, Affiliates, Individuals, Associates on a prolonged break in training and Certificants who are enrolled in the RANZCP CPD Program.

4.10 Fellow Exempt: any Fellow who has completed 30 years of membership and has reached the age of 65, who has been granted by the Board an exemption from further fees.

4.11 CME: continuing medical education. This term is used to refer to educational activities that focus on medical knowledge.

4.12 CPD: Continuing professional development. This term is used to refer to a process of lifelong learning that enables psychiatrists to maintain their ability to practice. It is broader than the acquisition of medical knowledge and recognises that health care is delivered in the context of a system involving many parts, including patients.

4.13 CCPD: Committee for Continuing Professional Development, which is the Committee of the RANZCP that oversees the CPD program.

4.14 MBA: Medical Board of Australia – the registration board for medical doctors.

4.15 AHPRA: Australian Health Practitioner Regulation Agency – the body supporting the 15 national health practitioner registration boards, including the MBA.

4.16 AMC: Australian Medical Council – the independent national standards body in Australia for medical education and training.

4.17 MCNZ: Medical Council of New Zealand – the registration authority for New Zealand and the independent standards body for New Zealand for medical education and training.

4.18 BPAC NZ: Best Practice Advocacy Centre New Zealand – an independent not-for-profit organisation with the role of delivering educational and continuing professional development programs to medical and other health practitioners in New Zealand.
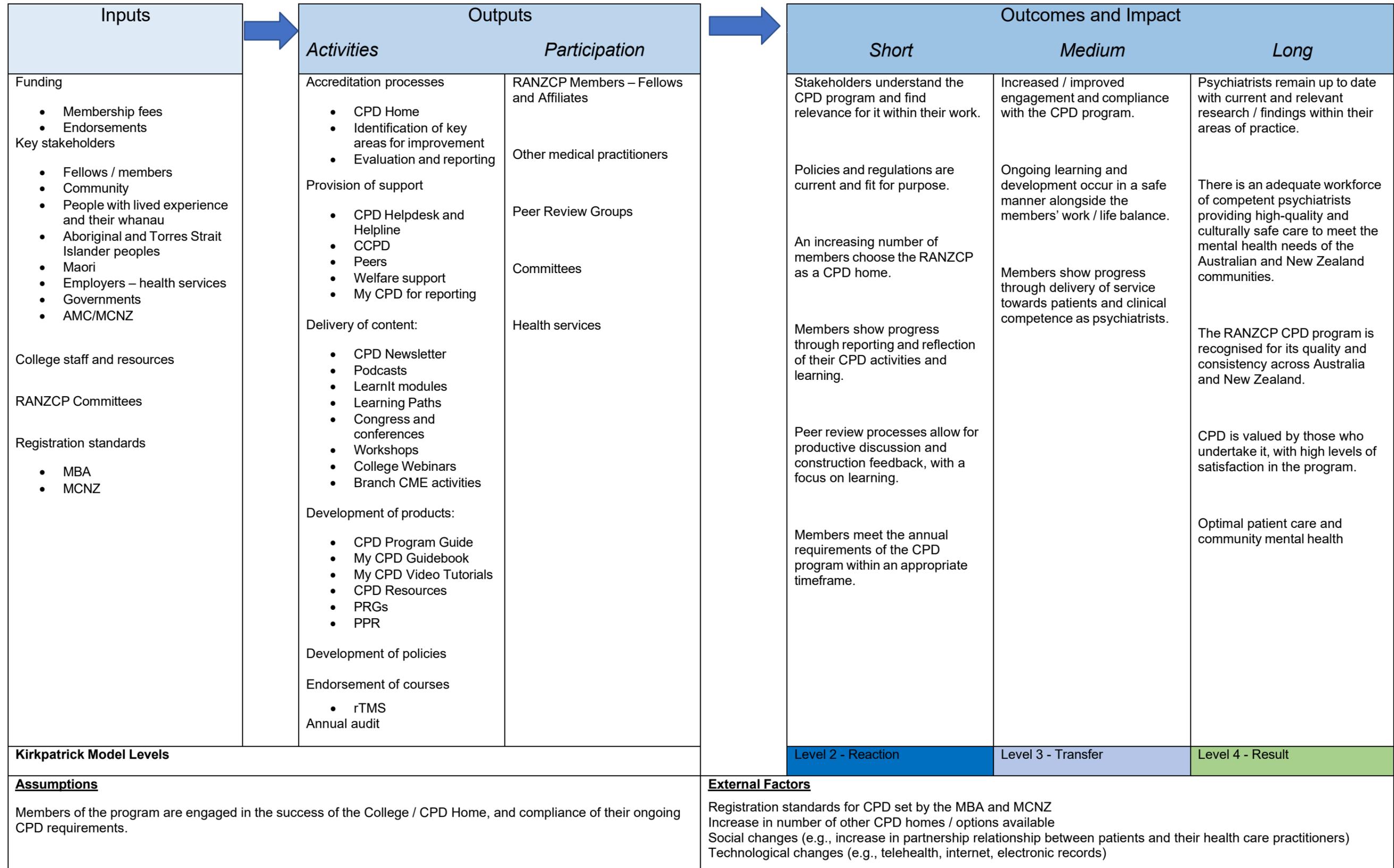

5. Monitoring, Evaluation and Review

- The Education Committee shall oversee the implementation, monitoring and reviewing of this policy.

- This policy will be reviewed every three years or as necessary and updated as required.

Figure 1: **Program Logic Model**

Situation: As a CPD home, the RANZCP aims to provide a CPD program that supports its members in meeting CPD requirements, as part of their ongoing registration requirements. The RANZCP CPD program also aims to contribute to a high standard of professional practice in psychiatry, to meet the mental health needs of the Australian and New Zealand communities. The RANZCP is currently the only accredited CPD home / program by the Australian Medical Council and Medical Council of New Zealand. However, this will change in Australia as more organisations start to register as competing CPD homes.

Continued accreditation by the AMC and MCNZ requires evidence of evaluation that the CPD program is achieving its intended outcomes, and that key performance indicators are monitored.

Inputs	Outputs		Outcomes and Impact		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Funding • Membership fees • Endorsements Key stakeholders • Fellows / members • Community • People with lived experience and their whanau • Aboriginal and Torres Strait Islander peoples • Maori • Employers – health services • Governments • AMC/MCNZ College staff and resources RANZCP Committees Registration standards • MBA • MCNZ	Accreditation processes • CPD Home • Identification of key areas for improvement • Evaluation and reporting Provision of support • CPD Helpdesk and Helpline • CCPD • Peers • Welfare support • My CPD for reporting Delivery of content: • CPD Newsletter • Podcasts • LearnIt modules • Learning Paths • Congress and conferences • Workshops • College Webinars • Branch CME activities Development of products: • CPD Program Guide • My CPD Guidebook • My CPD Video Tutorials • CPD Resources • PRGs • PPR Development of policies Endorsement of courses • rTMS Annual audit	RANZCP Members – Fellows and Affiliates Other medical practitioners Peer Review Groups Committees Health services	Stakeholders understand the CPD program and find relevance for it within their work. Policies and regulations are current and fit for purpose. An increasing number of members choose the RANZCP as a CPD home. Members show progress through reporting and reflection of their CPD activities and learning. Peer review processes allow for productive discussion and construction feedback, with a focus on learning. Members meet the annual requirements of the CPD program within an appropriate timeframe.	Increased / improved engagement and compliance with the CPD program. Ongoing learning and development occur in a safe manner alongside the members' work / life balance. Members show progress through delivery of service towards patients and clinical competence as psychiatrists.	Psychiatrists remain up to date with current and relevant research / findings within their areas of practice. There is an adequate workforce of competent psychiatrists providing high-quality and culturally safe care to meet the mental health needs of the Australian and New Zealand communities. The RANZCP CPD program is recognised for its quality and consistency across Australia and New Zealand. CPD is valued by those who undertake it, with high levels of satisfaction in the program. Optimal patient care and community mental health
Kirkpatrick Model Levels			Level 2 - Reaction	Level 3 - Transfer	Level 4 - Result
<u>**Assumptions**</u> Members of the program are engaged in the success of the College / CPD Home, and compliance of their ongoing CPD requirements.			<u>**External Factors**</u> Registration standards for CPD set by the MBA and MCNZ Increase in number of other CPD homes / options available Social changes (e.g., increase in partnership relationship between patients and their health care practitioners) Technological changes (e.g., telehealth, internet, electronic records)		

Associated Documents

[Policy-and-procedure-for-cpd-claims (ranzcp.org)](#)
[Policy and Procedure for CPD Audit (ranzcp.org)](#)
[Policy and Procedure for CPD Peer Review Activities (ranzcp.org)](#)
[Policy and Procedure for CPD Exemptions (ranzcp.org)](#)
[CPD Program Guide 2026 (ranzcp.org)](#)
[cpd-program_section-3_faq.aspx (ranzcp.org)](#)
[Recertification and professional development | Medical Council (mcnz.org.nz)](#)
[Committee for Continuing Professional Development Regulations (ranzcp.org)](#)
[Policy - Retiring from practice | RANZCP](#)
[2026-CPD-Program-Guide-BiT.pdf](#)
Application for CPD deferral / exemption
[FRANZCP Declaration of Retirement Form](#)

[Zero-tolerance-policy-on-proven-sexual-boundary-violations (ranzcp.org)](#)
[RANZCP Code of Ethics](#)
[RANZCP Code of Conduct](#)

Revision Record

Contact:	Manager, CPD and Projects		
Policy owner:	Education and Training Department		
Date of approval:	**Version**	**Approver**	**Description**
18/03/2026	1.1	EC Chair	Minor amendments: - added new headings in section 1 for better organizing of existing information and added policy statements to clarify the intent of this policy; - 3.2.1 and 3.7.2.2. – changed to 5% of complete audit records; - 4.5 and 4.9 - added and defined Certificants and added associates on a prolonged Break in Training; - 4.6 – added, updated and clarified CPD requirements for Australian and NZ associates on a prolonged break in training; - 4.7- added active training; - removed references to Professional Performance Framework (PPF) as redundant and replaced, where necessary with the MBA's 2023 Registration Standard CPD; - updated links throughout; - and minor editing updates to align with College Education documents.
10/09/23	1.0	B2023/8 R12	New Document.
Next Review: Mar 2029			