The Royal Australian & New Zealand College of Psychiatrists

Certificate of Postgraduate Training in Clinical Psychiatry

RANZCP CPD Requirements for Certificants of Post Graduate Training in Clinical Psychiatry

2026 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 for Certificants of Postgraduate Training in Clinical Psychiatry 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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The CPD Team may be contacted during normal business hours (AET).

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The RANZCP is committed to addressing the longstanding inequities experienced by Aboriginal and Torres Strait Islander peoples in Australia, and Māori in Aotearoa New Zealand, in both health outcomes and access to culturally safe mental health care. Central to this commitment is the College's work to grow and sustain the Indigenous psychiatric workforce, promote cultural safety for both patients and psychiatrists, and embed culturally responsive practices across training, policy, and service delivery. Guided by its vision, the RANZCP acknowledges the enduring disparities in health outcomes for Aboriginal and Torres Strait Islander peoples and Māori, which reflect systemic barriers to appropriate health services and the social determinants of health. The College is advancing this agenda through multiple initiatives, including increasing representation of Aboriginal, Torres Strait Islander and Māori peoples among its membership and staff, strengthening education in culturally appropriate care, and implementing its Reconciliation Action Plan and commitment to Te Tiriti o Waitangi.

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Welcome to RANZCP Certificant CPD

The RANZCP CPD team provides support to members with their CPD questions or concerns, and assists if members are experiencing any difficulties meeting the CPD requirements.

The team can be contacted via:

- cpdhelp@ranzcp.org

- 1800 337 448 (toll-free, from Australia)

- 0800 443 827 (toll-free, from Aotearoa New Zealand).

What does the RANZCP CPD Program provide?

- Easy access to help - the College CPD team is very experienced in assisting members with their CPD. Contact the team if you have any questions about program content, the online system MyCPD, or if you are experiencing any difficulties meeting the requirements. The direct contact details are listed above.

- An extended reporting period - the program runs from 1 January to 31 December, with an extended reporting period for input to MyCPD until 1 March of the following year.

- Pro-rata CPD programs - deferrals and pro-rata programs are available for those unable to practice for all or part of a calendar year for various reasons, as outlined in the Exemptions Policy. There is more information on page 33.

- Easy tracking with the online portal - activities are logged via the online portal MyCPD, accessed through the College website. You are encouraged to enter the activities as you do them, which will help you to track your progression throughout the year.

- Tips and tricks to help you log your activities online - MyCPD step-by-step help is available within the system - if you can't find what you need, please let the CPD team know as new ones can be added.

- Accessible Statements and Certificates – a Statement of Activity document can be downloaded at any time, through the MyCPD system, with CPD Certificates available to download at the end of the extended reporting period.

What resources are available?

- CPD Information at your fingertips - this Guide is updated annually and contains relevant information that you need, including a description of each section of required CPD, with helpful tables of suitable activities.

- Website page - the CPD Overview page of the College website has clear information regarding annual requirements

- RANZCP Registered Peer Review Groups - the RANZCP has a long and proud history of Peer Review Group (PRG) participation. Search for a group to join through MyCPD.

- Templates and resources for each section of CPD - the Templates and Ideas page of the College website has many resources for activities including, for example, Section 3 (Practice Improvement / Measuring Outcomes) activities.

- Locally produced interactive learning modules and podcasts - the College continues to develop many interactive learning modules, accessed via the Learnit platform, as well as podcasts, accessed via Psych Matters.

- Learning Pathways - of grouped activities on certain topics of interest, with more being developed each year. They are accessible via the Learnit platform.

- Access to the extensive Australian and New Zealand Clinical Guidelines and Publications Library.

- Access to the extensive Journal Library.

- Other high-quality resources are available to members through our links with other Colleges in Australia and overseas.

A message from the RANZCP Committee Chairs

Welcome to the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) Continuing Professional Development (CPD) Program for the Certificants of Postgraduate Training in Clinical Psychiatry.

The RANZCP is committed to providing CPD participants with an evidence-informed CPD program to support their learning and professional development in the practice of Psychiatry. The CPD program supports the ongoing learning and competency of its participants to achieve public and stakeholder expectations to receive safe psychiatric care.

We support self-direction in CPD content selection, while also allowing for the fact that the regulators require certain learning activities to be completed. The RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry has been developed to support participants to maintain their connection with psychiatry and medicine in general and the program aligns with adult learning principles.

You are not expected to complete more than the 50 hours of CPD required by the medical regulators; however, within those 50 hours, 10 hours should be dedicated to psychiatry learning.

We are committed to providing flexible learning options that meet your evolving needs and interests. Formal peer review, practice improvement and self-guided learning are included as important components of the CPD program, and this aligns with local and international trends.

The Committee for Continuing Professional Development (CCPD) welcomes feedback and is committed to ongoing refinement and development of the program. The Committee is confident that members will find the new requirements manageable.

Prof Richard Harvey

Chair, Committee for Continuing Professional Development

Dr Shane Gill

Chair, Certificate of Postgraduate Training in Clinical Psychiatry Committee

A message from the Community Representative

Congratulations to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on the production of the 2026 Continuing Professional Development (CPD) Program Guide for Certificants of Postgraduate Training in Clinical Psychiatry.

As the Community Representative on the Committee for Continuing Professional Development (CCPD), my role is to emphasise community expectations of ongoing professional development for psychiatrists.

In 2022 the RANZCP Board approved Position Statement 62 Working in Partnership: psychiatrist and the community. The position statement includes a framework and principles that guide how the RANZCP works in partnership with people with lived experience of mental illness and with family, whānau, and friends who are also affected.

Recommendations relevant to CCPD:

- Include people with lived / living experience more comprehensively in the training and ongoing professional development of psychiatrists
- Make greater use of the partnership with people with lived experience to continue transformation of the RANZCP into a more outward-facing, community-oriented organisation.

This committee delivers on these recommendations. Genuine input and community perspectives are sought, concerns about the importance of quality continuing professional development are shared and seen as critical for both psychiatrists and members of the Australian and Aotearoa New Zealand community, who would expect nothing less from the educational quality of its CPD program.

A key feature included within the CPD program is the inclusion of a reflective element for each activity. This ensures that transfer of learning is captured and shows meaningful identification of practice improvement quantified.

I take this opportunity to thank the CCPD and the RANZCP for the chance to sit on the committee on behalf of people with a lived experience who rely on a contemporary compassionate psychiatry profession.

Hamza Vayani

Community Representative, Committee for Continuing Professional Development

Program Requirements

Statement of Purpose

The RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry provides a pathway for certificants 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.

The aims of the RANZCP CPD program are:

- to facilitate the participation of RANZCP certificants, as individuals or as groups, in ongoing professional development activities, ensuring that a proportion of this participation is conducted with peers

- to encourage a culture within the College of review and reflection on professional practices.

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.

The Annual Program Requirements

The 2026 RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry involves a minimum of 10 hours of CPD across three types of CPD - reviewing performance, measuring outcomes, and educational activities.

Reviewing performance includes formal peer review activities covered by RANZCP CPD Section 2, measuring outcomes includes activities that are represented in RANZCP CPD Section 3 (Practice Improvement / Measuring Outcomes), and educational activities are equivalent to RANZCP CPD Section 4 (Self-guided learning).

The RANZCP CPD Program for Certificants of Postgraduate Training in Clinical Psychiatry

Section 2: Formal Peer Review

- A minimum of 5 hours is required in formal peer review.

Section 3: Practice Improvement / Measuring Outcomes and Section 4: Self-guided Learning

- A minimum of 5 hours is required over both practice improvement/measuring outcomes and self-guided learning (educational activities) as a combined total.

- This allows flexibility for the individual to determine the spread of their hours across the combined requirements for Sections 3 and 4.

Section 2	Section 3	Section 4
Formal Peer Review Reviewing Performance	Practice Improvement Measuring Outcomes	Self-guided Learning Educational Activities
5 hours	5 hours in total across both sections	

CAPE domains
should be noted across all sections of CPD

See page 10 for more information

Links to further information:

RANZCP Policy and Procedure for CPD Claims

MBA Registration Standards

CAPE Domains

In line with MBA and MCNZ requirements, there is a domain labelling system that makes note of the focus of CPD activities that doctors are undertaking. There are no additional hours required. See the CAPE page of the College website for more information and suggested activities for each domain.

The domains are:

C Culturally Safe Practice

The process of practising in a culturally safe manner involves acknowledging the inherent power imbalance in a relationship between a psychiatrist and a consumer in their care, particularly in high-risk and challenging contexts, including but not limited to Māori, Aboriginal, and Torres Strait Islander peoples.

Learning will acknowledge the cultural diversity of the patient population, and the need for doctors to conduct ongoing critical reflection and self-awareness of their knowledge, skills, attitudes, assumptions and practising behaviours in order to provide accessible, safe and responsive care.

A Addressing Health Inequities

Learning that acknowledges the differing distribution of resources and opportunities within society, and discusses the ways in which doctors can address this inequity.

P Professionalism

Learning that contributes to high quality care and involves undertaking exercises and activities that enhance the entire practice, aid self-reflection and self-awareness.

E Ethics

Learning that cultivates and maintains high principles and standards of practice and ethics in respect of psychiatry, to promote fair, honourable and proper practice and discourage and suppress malpractice or misconduct therein, to settle doubtful points of practice and questions of professional usage.

Links to further information:

RANZCP Aboriginal and Torres Strait Islander Mental Health

RANZCP Website: Māori Mental Health

RANZCP Codes of Conduct and Ethics

Good medical practice: a code of conduct for doctors in Australia

SBS Australia - Cultural Competency Program

The MyCPD System has:

- Tick boxes to allocate domains for activities
- Professionalism domain is pre-ticked.
- The content or topic of an individual CPD activity may additionally cover **C A** and **E**.
- Dashboard graph to track your progress.
- Tables of Activities in this guide have suggested domains, noting that others may also be applicable.

MyCPD Online System

MyCPD 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.

MyCPD can be easily 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 1 March of the following year (unless otherwise advised).

FAQ: What is meant by reflective practice, and what should be recorded in MyCPD?

Regular reflective practice encourages deeper learning and metacognition, and the value of CPD is enhanced by reflecting on learning activities. The regulatory authorities set the requirements for CPD and they expect that reflection is evident throughout CPD programs, and that this will be included as a criterion in the annual audit of CPD records. Think of a reflection in terms of how you would explain the learning to a peer.

There are many models of reflection. The DIEP model is a relatively simple four-step process that you can use to guide the reflection that you enter into MyCPD when you log an activity:

- Describe the activity
- Interpret the events - explain your learning, new insights, connections with other learning
- Evaluate what you learned - how was this useful? what is my opinion? what is the value of the learning?
- Plan how this learning will be applied - comment on its relevance to your practice, and what you might do next

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CPD automation via MyCPD

The College is progressively automating the recording of attendance into MyCPD for College activities such as specified events and committee meetings.

You will receive a prompt to log in, complete a reflection and submit your draft activity when this applies.

Remember to check your MyCPD record for draft activities.

Step-by-step guidance is available to help you if needed.

Help with MyCPD:

- Remember the online help centre on the far right of the MyCPD screen:
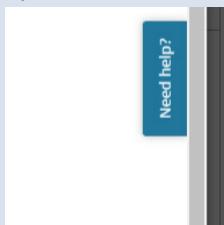
- Email the CPD Team at cpdhelp@ranzcp.org or call toll free Australia 1800 337 448.

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.*

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

Competency-based education and training carries over into adult lifelong learning. 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, establishing 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.
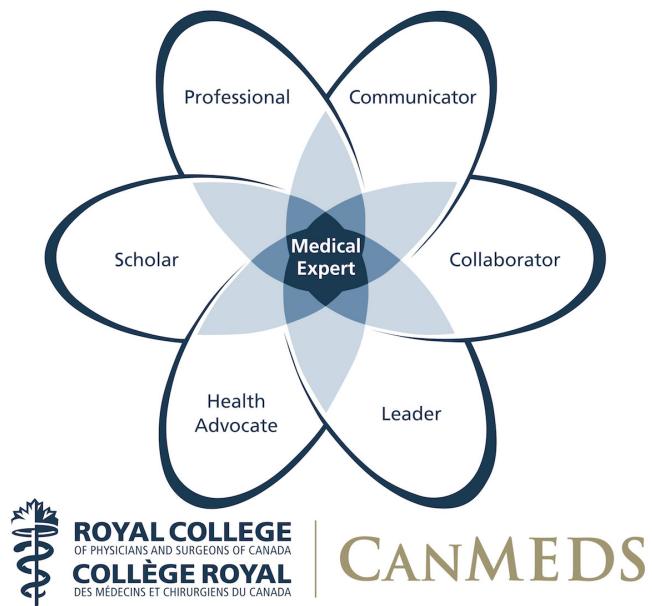
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Links to further information:

CanMEDS Framework

Section 2 - Formal Peer Review (PR)

reviewing performance

Annual minimum of 5 hours

Section 2 requires a minimum of 5 hours annually. This section assists you to comply with the regulatory requirement of including CPD activities that involve reviewing performance. Formal peer review activities include activities with peers and supervisors 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.

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. Certificants can submit requests to PRG coordinators to join existing PRGs. 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 RANZCP PRGs

Qualified Privilege protects the confidentiality of information that identifies individuals and is disclosed solely for the purpose of quality assurance activities. Qualified Privilege prevents disclosure of the discussion within the protected activity outside of the PRG, where that discussion identifies individuals.

The RANZCP, on behalf of all RANZCP registered PRGs, currently holds Qualified Privilege under Australian legislation.

Qualified Privilege is granted at the discretion of the Minister or Government Officer with the delegated authority under the relevant legislation.

It is important to note that the RANZCP Qualified Privilege arrangement does not extend to PRGs registered or operated by other CPD Homes.

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 and other members 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. Some PRGs save documentation from their meetings to MyCPD. Any such uploads should be de-identified.

Mode of Meeting

While in-person is the traditionally preferred mode of meeting for peer review, technological options for peer review are also encouraged – psychiatrists and other members in geographically isolated areas, and those who find it difficult to find and attend suitable in-person 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 registration of PRGs using the telephone for regular meetings between peers is also possible, where no other options for peer review exist.

2.3 Supervision

Personal supervision, 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.

It is essential to complete and maintain records of supervision and have these signed off by the supervisor and uploaded to MyCPD. Certificants can schedule meetings with a psychiatrist as a supervisor, using the Find a Psychiatrist tool to locate a supervisor.

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 annual audit process. Only the PRG coordinator and the record-keeper (and CPD staff) are authorised to complete attendance records for meetings via MyCPD on behalf of the group. Once submitted, each participant's CPD record will be populated to reflect their attendance.

Links to further information:

Qualified Privilege - Australia

RANZCP Peer Review Group Guidelines

Summary Table of Activities - Section 2

Activity	Description	Evidence Required	Claim in
Balint Groups **P E**	Peer Review with a special focus on doctor / patient relationship issues.	Recorded as supervision (2.3) with evidence required as in 'Supervision' below.	2.3
Peer Review Group Meetings **P**	College registered groups.	Uploaded to the system by the coordinator or record-keeper, no further substantiating evidence is required.	2.1
Supervision **P**	Receiving individual or group supervision by a psychiatrist.	Evidence provided by letter / email including full details of the supervisor, that supervision has been undertaken and the number of sessions for the year.	2.3

Note: If you have an excess of activities for Sections 2, they can be claimed in Section 4 at your discretion.

Section 3 - Practice Improvement / Measuring Outcomes (PI)

measuring outcomes
Combined annual minimum of 5 hours across Sections 3 and 4

Section 3 requires a minimum total of at least 5 hours, combined across both Sections 3 and 4. This section assists members to comply with the regulatory requirement of including CPD activities that involve measuring outcomes.

Section 3 activities include those which typically 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[1]
- 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 Templates and ideas for CPD page of the website.

_____

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

Plan
- Plan a change or test around improvement goals.
- Examine current approaches.
- Identify potential solutions.
- Who-What-Where-When?
- Plan the data collection.

Do
- Carry out the plan.
- Gather the data.
- Document observations.
- Document problems.
- Test the theory for improvement.

Act
- Can the change be implemented?
- What will you take into the next cycle?
- Is more information needed?
- If the plan is implemented, monitor the effects.

Study
- Fully analyse the data.
- Compare results to predictions.
- What could be improved?
- What was learnt?
- Is the change an improvement?

PDSA

3.1 Practice Development and Review

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

Activities suitable for this category involve reviewing performance to improve outcomes, such as a formal or clinical audit. They are relevant to the individual member's learning, rather than of a broader service impact.

3.2 Continuous Quality Improvement

This category includes practice or service 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.

Activities for this category involve reviewing processes and protocols, making changes to improve these processes, and monitoring changes to assess the improved outcomes. They are relevant to a broader service impact as well as the member's own practice.

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.

The research does not necessarily need to be published and may extend over more than one CPD year. It is also suitable to claim research that is in the process of peer review / ethics approval prior to publication.

3.4 Multi-source Feedback

Multi-source feedback (MSF), or 360° feedback, is a tool to gain feedback on a person's performance in their role. It commonly covers domains such as professional behaviours, communication, and teamwork. Many employers utilise MSF as part of their professional development programs and this can be reported in this section.

There are guidelines and templates on the RANZCP website for undertaking MSF, and there are also companies which will, for a fee, provide a Multi-source feedback service.

An important part of MSF – perhaps the most important part – is being able to review and reflect on the findings with a supervisor.

Frequently asked questions about Section 3 activities

What can I claim of my work for Tribunals and Mental Health Review Boards?

Actual hours involved working on Tribunals or Mental Health Review Boards cannot be used for CPD hours. The re-assessment process that occurs every 2-3 years can be claimed as Section 3.4 as it is similar to a Multi-source Feedback. Other elements of tribunal or review work that have contributed to professional development can be recorded under Section 4.4 Informal learning activities.

Please note that registration requirements differ in some jurisdictions for members of Tribunals or Mental Health Review Boards - in Victoria members are not required to have practising registration, but in other jurisdictions they are.

When is a workshop defined as 'Interactive'?

The definition of interactive workshops for the purpose of practice development and review is quite specific. Please refer to guidance regarding interactive workshops on the Templates and ideas page of the College website. The documents include relevant definition explanations and an accompanying checklist.

Which Section 3 activities would be suitable for doctors working in private practice?

Doctors working in private practice may find some suitable Section 3 activities on the Templates and ideas page of the College website. For example, guidance and protocols are available for conducting patient record audits.

See also:

Templates and ideas page of the College website - 'Frequently asked questions about Section 3 activities'

The Faculty of Psychotherapy page of the College website - 'Quality Improvement Audit Project'

Cambridge University Press / RCPsych - '101 Recipes for Audit in Psychiatry'

Direct links to Quality Improvement modules via Learnit - log in required:

Quality improvement module 1: QI essentials

Quality improvement module 2: Clinical audit in mental health practice

Quality improvement module 3: Organisation theory: conceptual frameworks in a changing context

Quality improvement module 4: Patient safety in mental health

Quality improvement module 6: An introduction to the run chart and using data for improvement

Outcome measures – Module 2: Outcome measures for service development and quality improvement

Continuing Professional Development webinar: Section 3

Summary Table of Activities - Section 3

Activity	Description	Evidence Required	Claim in
Audit (formal / clinical) P	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
Audit (practice / service) A P	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
Balint Groups	Not regarded as a Practice Improvement activity.	See Section 2.	2.1 / 2.3
Critical Incident Review A P E	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
Ethics submission E	Ethics submission for a research proposal – does not have to be accepted.	Receipt of submission.	3.3
Interactive workshop (attendance at) P	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
Learning Project P	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. Can only be claimed as Section 3 if includes a quality assurance activity to assess the performance of the new skill.	Documentation of the plan and literature, proof of completion of training. Reflection on quality assurance activity.	3.2
Lecture review and feedback P	Collection of feedback from peers and others in a lecture audience. The evaluated feedback may then be classified into areas for development in the following year.	Sample of questionnaire, reflection on learning, planned changes to processes / content of the lecture.	3.1

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
Literature review (preparation of) **P**	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
Mental Health Review Boards	Not regarded as Section 3 activities – elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	See section 4.	4.4
Mental Health Review Board - re-assessment **P**	Biennial re-assessment - similar to a Multi-source Feedback process. Can only be claimed in the years undertaken.	Outline of the activity, including a copy of the surveys and methodology. Survey responses are not required. Reflection and application to practice.	3.1
Mortality and Morbidity (M&M) Meetings **P E**	Service and organisational M&M meetings.	Agenda with membership listed, or de-identified minutes showing attendance. Reflection and application to practice.	3.2
Multi-source feedback (also known as '360-degree') **P**	Patient, professional and stakeholder surveys.	Outline of activity, including a copy of the surveys and methodology. Survey responses are not required. Reflection and application to practice.	3.4
Online Quality Improvement activities via Learn*it* **P**	Completing Quality Improvement modules on Learnit can be used to meet your section 3 requirements (once only).	Automatically added to 3.2 in MyCPD from Learnit. See direct links to the modules on page 23.	3.2
Peer reviewer of journal articles **P**	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
Peer reviewer of research grant application **P**	Peer review of research grant applications.	Proof of activity such as invitation/confirmation/request email from the grant agency or statement of participation.	3.3
Planning committee meetings, such as steering groups, expert advisory committees etc. **A P**	'Big Picture' planning associated with a health service, state, or national services – only claimable if the activity is relevant to the PDSA cycle. Any specific enquiries can be forwarded to the CCPD via the team at cpdhelp@ranzcp.org	First page of minutes showing attendance. Reflection and application to practice.	3.2

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
Planning meetings A P	Participation in service planning and decision making. Only claimable if the activity is relevant to the PDSA cycle. Any specific enquiries can be forwarded to the CCPD via the team at cpdhelp@ranzcp.org	First page of minutes showing attendance. Reflection and application to practice.	3.2
Projects, trials or interventions, including RANZCP quality improvement activities P	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
Publication of manuscript P	Manuscript related to psychiatry.	Reference to journal of publication, or if not published, evidence of the feedback from the publishing journal.	3.3
Quality meetings at health services A P E	For example, Mortality and Morbidity, or medical management meetings.	Agenda with membership listed, or deidentified minutes showing attendance.	3.3
Research (Peer Reviewed) P	Demonstrated transference of research findings into practice.	Reflection ½ - 1 page of new research and how it translates into member's practice.	3.3
Review of own performance P	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
Reviewing journal submissions P	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
Risk management projects A P E	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
Root cause analysis A P E	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

Summary Table of Activities – Section 3, continued

Activity	Description	Evidence Required	Claim in
Tribunal Work	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
Tribunal re-assessment **P**	Biennial re-assessment for the Mental Health Tribunal - if similar to a Multi-source Feedback process. Can only be claimed in the years undertaken.	Outline of the activity, including a copy of the surveys and methodology. Survey responses are not required. Reflection and application to practice should be included.	3.1

Section 4 - Self-guided Learning (SGL)

educational activities

Combined annual minimum of 5 hours across Sections 3 and 4

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

Section 4 requires a minimum total of at least 5 hours, combined across both Sections 3 and 4.

Excess hours from Sections 2 and 3 can be claimed in Section 4 at your discretion.

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.

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.

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

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.

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, Learnit.

On successful completion of a module via Learnit an automatic update will be made to the participant's MyCPD 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 CPD members. All CPD participants may access the modules via the College website.

Learning Pathways of grouped activities on certain topics of interest are gradually being released, with more being developed each year. They will be accessible via the Learnit platform.

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 self-recorded in additional categories such as category 4.4.

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

Please note:
- Only the first completion of an accredited module attracts CPD hours. Subsequent completions will not.
- Completions can take 24 hours to reflect on MyCPD

4.8 Wellness Education

This section encourages doctors to consider the importance of their own wellbeing and its impact on their ability to practise effectively.

There is a cap of 2 hours of CPD that can be claimed under this section.

Activities under this section should focus on educational activities that support doctors' health and wellbeing. Examples may include courses, webinars or readings on stress management, workplace culture, modelling appropriate behaviour, peer support and team functioning, wellbeing principles, physicians' health and the effects on patient care.

Participation in social, recreational, or leisure activities such as regular exercise or personal hobbies should not be included. Attending to and addressing personal healthcare needs should also not be included.

For substantiation purposes, evidence of enrolment / certificate of completion and a brief reflection on the learning achieved must be included with the activity.

Suggested activities could include:

- Stress management
- Education or upskilling or implementing workplace-based activities or initiatives e.g. influencing workplace cultures to prioritise wellbeing, modelling appropriate behaviour.
- Emotional intelligence
- Upskilling for suicide postvention practices and approaches within teams
- Normalising and stigma reduction of help-seeking amongst physicians and colleagues
- Mental Health First Aid
- Hosting workplace-based wellbeing education events or activities
- Confidence building e.g. understanding Imposter Syndrome
- Communication and feedback styles

Wellbeing Education activities

Meets Category 4.8 Requirements
Stress Management
Education or upskilling or implementing workplace-based activities or initiatives: e.g. influencing workplace cultures to prioritise wellbeing, or modelling appropriate behaviour
Emotional Intelligence
Upskilling for suicide postvention practises and approaches within teams
Normalising help-seeking amongst physicians and colleagues
Mental Health First Aid
Hosting workplace-based wellbeing education events or activities
Confidence building: e.g. understanding Imposter Syndrome
Communication and feedback styles

Does Not Meet Category 4.8 Requirements
Wellness program of social activities hosted annually at Congress: e.g. sailing, art gallery tours, food / wine tastings
Personal hobbies, relaxation, or leisure activities: e.g. meditation
Sport or other physical activities
Nutrition regimes
Attending to personal healthcare needs

Link to the College Wellbeing support page:

Wellbeing support for members

Summary Table of Activities - Section 4

Activity	Description	Evidence Required	Claim in
Academic Detailing P E	Attendance at meetings to keep up to date with pharmaceutical changes. Note that psychiatrists should be familiar with the Position statement RANZCP engagement with the pharmaceutical industry.	Certificate of attendance, and a reflection on the learning gained / changes necessary to practice.	4.5
Accredited Short Education Courses P	Provided by a recognised educational institution.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
Audio visual learning media P	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
Carer and Consumer consultation meetings A P	Participation in consultation meetings.	Proof of attendance, and a reflection on the learning achieved.	4.5
Case study reviews – informal group P	Case presentation meeting (departmental, inter-disciplinary etc.).	Proof of attendance, and a reflection on the learning achieved.	4.5
Case study reviews – inter or multi-disciplinary P	Grand rounds, journal clubs.	Proof of attendance, and a reflection on the learning achieved.	4.5
College resources P	Development of College resources.	Evidence of College resource developed or reflection outlining resource.	4.7
Conferences (attendance) P	Conferences, workshops, Congress attendances.	Certificate of attendance / completion. Brief reflection on learning gained.	4.1
Conference (presentation at) P	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
CPD activities P	Presentations of clinical information and professional development relevant to psychiatric practice (in-vivo or on-line).	Certificate of attendance or completion, and reflection on the learning achieved.	4.1
Database searches P	Relevant to the practice of psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
Diploma/ Advanced Training Certificate or post graduate studies - includes institutional and distance learning P	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, and a reflection on the learning achieved.	4.2

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Distance Learning – structured formal learning **P**	Attendance at a short course via distance learning (non-Post Graduate courses).	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
Evidence in Court **P E**	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
Grand Rounds **P**	Attendance at organisational grand rounds.	Certificate of attendance and reflection of learning achieved for the session.	4.5
Hospital onsite training **P**	For example, fire safety, basic life support.	Certificate of attendance, and reflection of learning achieved.	4.5
Journal clubs **P**	Journal clubs related to the practice or psychiatry or related areas, e.g., administration, academia / research or education.	Certificate of annual attendance and a reflection on the session.	4.1
Journal reading **P**	College and other journals, relevant to the practice of psychiatry.	Brief citation and notes, reflection of learning gained.	4.4
Journal and text reading **P**	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
Learning Journals **P**	Daily or weekly journal, updated with new learning.	Citation, reflection on the learning gained.	4.4
Learning Project **P**	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
Lecture / learning session or training session (attendance) **P**	Passive attendee, for a one-off seminar or lecture.	Certificate of attendance, and reflection of learning gained.	4.1
Lecture / learning session or training session (presenter) **P**	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
Master's degree P	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, and a reflection on the learning achieved.	4.2
Medical exam marking (non-RANZCP assessments) P	Involvement in marking or examining of non-RANZCP medical assessments.	Certificate or letter of confirmation from the organisation. Confirmation of contribution to your own knowledge and skills.	4.3
Medico-legal reports P E	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
Mental Health Review Board P E	Note: 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
Online modules – RANZCP P	Through the College Learnit program – automatically listed on individual MyCPD pages.	Modules are automatically listed on MyCPD in the relevant section.	4.6
Online modules – non-RANZCP P	From non-accredited internet CPD programs.	Certificate of completion and brief reflection on learning gained.	4.4
Online modules – extended learning P	Extended learning or implementation of ideas, additional reading or study.	Citation and notes from further reading, reflection on learning gained.	4.4
Pharmaceutical company meetings (drug update) P E	Attendance at meetings to keep up to date with pharmaceutical changes. Note that psychiatrists should be familiar with the Position statement RANZCP engagement with the pharmaceutical industry.	Certificate of attendance, and a reflection on the learning gained / changes necessary to practice.	4.5
PhD P	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, and a reflection on the learning achieved.	4.4
Podcasts (listening to) P	Podcasts, DVDs, CDs and TED talks or similar relating to psychiatry clinical practice or professional development.	Citation and notes, brief reflection on learning gained.	4.4

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Podcasts (production) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Private reading P	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
Publication – not peer reviewed P	Articles, books, book chapters - not subject to peer review.	Proof of publication.	4.4
Research / background reading P	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
Sabbatical P	Period of research or study.	Reflection on the learning achieved.	4.4
Seminar (attendee) P	One-off lecture or seminar.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Seminar (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Short courses (attendee) P	Attendance at a short course.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Social Media for Learning Purposes (teaching) P	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
Supervision of Registrars (Psychiatry or other medical specialties) P	Preparation and teaching that contributes to your own knowledge and skills. (2.3 is Supervision with a Psychiatrist).	Letter or email confirming dates supervision	4.3

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Teaching Medical Students P	Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator and reflection of course contents and evaluation of teaching process, e.g., improvements / changes for teaching next time.	4.3
Teaching (other) P	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
Text reading P	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
Training in cultural contexts of care C A P	Seminars, workshops, lectures, e-learning training on culturally safe practices.	Certificate of attendance and a reflection of learning gained.	4.5
Tribunals P E	Note: 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
Tutorial (attendee) P	Passive attendee, at one-off tutorial or a series of tutorials related to a topic.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Tutorial (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Webinar (attendee) P	Passive attendee, at one-off webinar or a series of webinars related to a topic.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Webinar (writer and presenter) P	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
Wellness Education **P** (and **C**, **A**, or **E**, depending on the activity)	Educational activities that support your health and wellbeing, such as emotional intelligence, upskilling for suicide postvention practices within teams. See pages 23 and 24 for more information.	Evidence of enrolment / certificate of completion and a brief reflection on the learning achieved.	4.9
Workshop (attendance at, non-interactive) **P**	Attendance at a non-interactive workshop.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Workshop (writer and presenter) **P**	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3

FAQ: How should Podcasts and YouTube Lectures be referenced?

RANZCP Podcasts accessed via the Learnit system are automatically updated to your MyCPD claim. Non-RANZCP podcasts will need to be self-reported (4.3) and should be referenced by listing:

- Title and description
- Name of author
- Date the podcast was posted / uploaded
- Site name and URL

YouTube lectures will need to be self-reported (4.4) and should be referenced by listing:

- Title and description
- Name of author
- Name of the YouTube account of the video author
- Date the video was uploaded to YouTube
- Site name and URL

Links to further RANZCP information:

RANZCP Policy and Procedure for CPD Claims

RANZCP Policy and Procedure for Audit of CPD Claims

Templates and ideas for CPD activities

Annual CPD Process

The Annual Process

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

It is recommended that evidence of CPD claims be kept for a period of three years.

Important dates	
31 December 2026	End of the CPD year
1 March 2027	End of the extended reporting period (your 2026 claim in MyCPD remains open to this date)

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 part or all of the CPD year. Deferral from the program is normally granted for a maximum period of up to one year but may be extended on a case-by-case basis in special circumstances. For such cases, members should contact their registration authority to ensure their requirements also continue to be met. The requirements of the program may be suspended during the period of deferral.

A tailored program of pro-rata requirements will be available for those deferring for part of the year (minimum period is 6 months), or when the deferral spans two CPD claim periods.

Applications should be made on the deferral form available on the College website. For any enquiries regarding exemptions, please contact the CPD Team via cpdhelp@ranzcp.org.

Links to further information regarding temporary absence:

MBA CPD Registration Standard

RANZCP Exemptions Policy

Guidance for leave and return to practice | RANZCP

Certificates of Completion

A Certificate of Completion of the RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry for the relevant year is provided to participants who complete their CPD activities by the due date, have uploaded them to the MyCPD system by the end of the extended reporting period (1 March) and have met the minimum requirements of the RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry.

The participants who are randomly selected for audit, however, will not receive a Certificate of Completion until successful completion of the audit (this usually occurs by the end of June). 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 enrollees 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 achieved compliance with the CPD program in that year. Failure to participate in the RANZCP CPD program for Certificants of Postgraduate Training in Clinical Psychiatry may result in participant names being referred to the RANZCP Board, and may have implications for Certificant status.

Late Submissions

The RANZCP CPD Team is available to advise and assist members in recording their CPD claim in the MyCPD system. Participants experiencing difficulty in completing their CPD claim within the time limits are recommended to contact the CPD Team for assistance, prior to the closing date (1 March). Extension may be arranged on a case-by-case basis in extenuating circumstances.

Participants who do not finalise their CPD activities by the closing date, and have not applied to the CPD Team for assistance or a further extension of the reporting period, who seek to subsequently submit their claim one month or more after the closing date, may be subject to a late fee and audit.

The Committee for Continuing Professional Development (CCPD) approves the application of a late claim fee to cover the administrative costs associated with this process.

Annual Audit Processes

Annual RANZCP Audit Process

Each year, a random sample of participants' records is audited by the College. Participants who have been audited in the previous year may also be selected for repeat audit. This forms part of the quality assurance for CPD programs required by the AMC.

If selected for audit, CPD participants are required to ensure that evidence to support their activities submitted for the year is recorded in MyCPD. 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 MyCPD.
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 participants being referred to the RANZCP Board.

FAQ: What can I do to make sure my CPD record meets the standard if I am selected in the audit?

There are some key things to remember when recording your CPD to make sure your record would pass the standard for audit:

Section 2 – Formal Performance Review:

- If you are using supervision to meet this requirement, make sure you upload some evidence of your supervisory arrangements – the Supervision Record can be found on the website.

Combined Section 3 and 4 – Practice Improvement / Measuring Outcomes or Self-guided Learning:

- If you are using interactive workshops to meet this requirement, make sure you upload the program or workshop outline that shows you had the opportunity to practice a new skill with feedback.
- Quality improvement activities must demonstrate a Plan-Do-Study-Act cycle. Root Cause Analyses or Critical Incident reviews should have evidence of the invitation to participate.
- Attendance at conferences and workshops needs a certificate of completion and a reflection on what you have learned, for each conference or workshop.
- When reporting professional reading you should include the citation for each reading, and a reflection on the learning.

Please note - Your CPD entries, and the evidence you upload, should be de-identified.
This is checked at the time of audit.

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Your Health in Mind