



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP Continuing Professional Development Program

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 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 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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Changes to this edition, with direct links to the relevant pages where possible:

- More information about suitable activities to fulfil [CAPE requirements](#)
- Updates to the activity tables to include the new RANZCP training assessments
- Clarification of the CPD requirements for those who move from [Break-in-Training CPD to the Fellow program](#)
- More information regarding [retirement and CPD](#)

Welcome to your CPD Home

Welcome to the RANZCP CPD program.

All doctors are required to meet the CPD program requirements of an accredited CPD Home. This is based on the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ). A CPD Home should be relevant to a doctor's scope of practice, thus most Specialist Medical Colleges will be the default CPD Home for their specialty.

Please note that for psychiatrists practising in Aotearoa New Zealand, the CPD home is the RANZCP, as mandated by the MCNZ.

Remember that the 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 CPD 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 - those who attain Fellowship part way through the year are provided with a tailored program of pro-rata requirements. Deferrals and pro-rata programs are also 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 43.
- 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.
- Quarterly online CPD newsletter - this member resource will notify CPD members of any regulatory changes, RANZCP endorsed CPD activities, as well as tips on how to achieve your CPD requirements.
- RANZCP Registered Peer Review Groups - the RANZCP has a long and proud history of Peer Review Group (PRG) participation amongst its membership. Search for a group to join through [MyCPD](#), or create one of your own.
- Practice Peer Review - an innovative practice review activity that contributes to Section 2 (Formal Peer Review) and Section 3 (Practice Improvement / Measuring Outcomes). See the [website page](#) for more information.
- 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](#).
- A learning module specifically designed for new RANZCP Fellows - [Transitioning from Stage 3 Trainee to early career psychiatrist](#).
- 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 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 members with an evidence-informed CPD Home to support their learning and professional development in the practice of Psychiatry. The College CPD program supports the ongoing learning and competency of its members 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 be completed. The RANZCP CPD program aligns with adult learning principles. We support the development of flexible learning plans (i.e. Professional Development Plans) that support your ongoing learning needs and interests. Reflection and practice improvement are included as important components of the RANZCP CPD program, and this aligns with local and international trends.

Our program is designed to ensure that participants can meet the CPD requirements of their registration. Within the regulatory environment, there are differences between Australia's and Aotearoa 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, peer presentation of the professional development plan (PDP) is a requirement for the Medical Council of New Zealand and impacts Aotearoa New Zealand registered members, but is not a compulsory element of the RANZCP CPD program.

From January 2023, the Medical Board of Australia (MBA) required all medical specialists in Australia to undertake CPD, through a CPD 'Home', with some small alterations to the allocation of hours, but with no change to the number of hours required annually. This aligns with the Medical Council of New Zealand (MCNZ) CPD requirements for annual recertification. From 2024 all medical colleges are required to report the CPD compliance of program participants to the Medical Board of Australia or the Medical Council of New Zealand by 30 June of the following year.

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

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.

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 RANZCP Professional Development Plan (PDP) is the inclusion of a reflective element. 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 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.

The aims of the RANZCP CPD program are:

- to facilitate the participation of RANZCP members and other medical practitioners, 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.

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

Based on the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), the 2026 RANZCP CPD program involves a minimum of 50 hours of CPD, with CAPE domains also noted.

The [Registration Standard](#) published by the MBA requires allocation of the 50 hours 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).

A minimum of one activity in each of the CAPE domains must be completed annually (see page 10 for more information).

A high-level requirement for all Australian psychiatrists, regardless of their CPD Home, is completion of a minimum of 10 hours of formal peer review activities.

The RANZCP CPD Program

Section 1 - Professional Development Plan (PDP)

The PDP is allocated a maximum of 2 hours. A second entry will be required annually to Section 1, to show that the PDP reflection has occurred.

Section 2 and Section 3 Activities

A minimum of 23 hours is required over both [reviewing performance](#) and [measuring outcomes](#) (equivalent to Section 2 and Section 3 respectively) as a combined total.

This includes:

- A minimum of 10 hours in reviewing performance – Section 2: Formal Peer Review. This is a high-level requirement for all psychiatrists in Australia, regardless of their CPD Home.
- A minimum of 5 hours in measuring outcomes – Section 3: Practice Improvement / Measuring Outcomes.

This allows flexibility for the individual member to determine the spread of their hours across the combined requirements for Sections 2 and 3 through an additional 8 hours from either or both sections.

Section 4 Activities: Self-guided Learning

- A minimum of 12.5 hours in [educational activities](#)

Section 5 Activities: Additional Hours

An additional 12.5 hours are required to bring the total CPD hours to 50 per year. These can include activities from the combined Sections 2 and 3, or Section 4.

CAPE domains should be noted across all sections of CPD
See [page 10](#) for more information

Section 1	Section 2	Section 3	Section 4	Section 5
PDP	Formal Peer Review Reviewing Performance	Practice Improvement Measuring Outcomes	Self-guided Learning Educational Activities	Additional Hours
2 hours (when reflection is added)	Minimum of 10 hours	Minimum of 5 hours	12.5 hours	12.5 hours
	23 hours in total across both sections			

FAQ: Do the registration standards for CPD in Australia affect Trainees and SIMGs?

Trainees and SIMGs on the Partial Comparability Placement who are [actively training](#) do not need to complete CPD, as the training fulfills the requirements. Those on a prolonged break from training have a [separate RANZCP CPD Program](#). Substantially comparable SIMGs must participate in the RANZCP CPD program and there is [an appendix to this program guide](#) with more information.

Links to further information:

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

[MBA Registration Standard](#)

[MCNZ Recertification and Professional Development](#)

[RANZCP CPD for trainees on a break](#)

[RANZCP CPD for SCP candidates](#)

CAPE Requirements

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, but the labelling system is there to ensure your annual CPD covers at least one activity in each domain. See the new [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](#)

[MCNZ - Cultural Safety](#)

[RANZCP Codes of Conduct and Ethics](#)

[Good medical practice: a code of conduct for doctors in Australia](#)

[Good medical practice MCNZ](#)

[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.
- A minimum of one 30 minute activity per domain is required.
- 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 the 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

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.

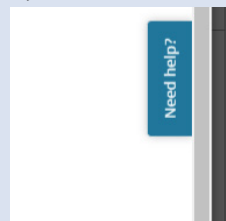
You will receive a prompt to log in, complete a reflection and submit your draft activity when this applies.

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 or Aotearoa New Zealand 0800 443 827.

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 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 core Fellowship competencies, as outlined in the competency-based Fellowship training program, broadly define the capabilities expected of all trainees and SIMGs 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.

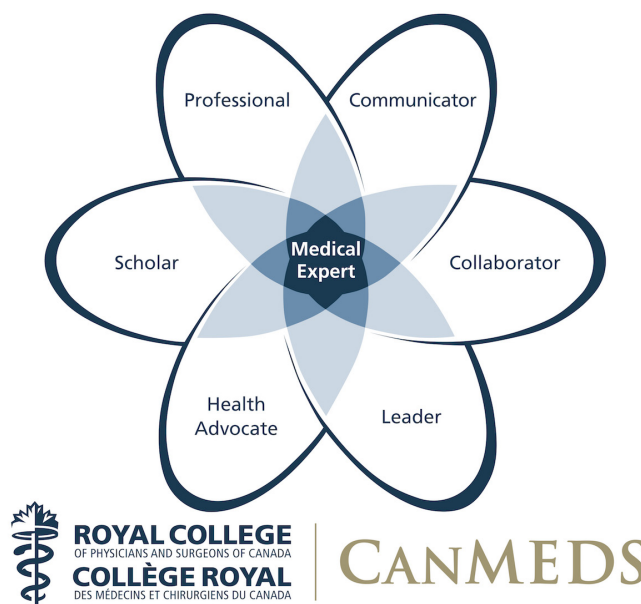
The Collaborator works effectively as a member of a health care team to achieve optimal patient care.

The Leader is an integral participant in health care organisations, 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](#)

[RANZCP Fellowship Competencies](#)

Section 1 - Professional Development Plan (PDP)

allocated 2 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.

There is now the inclusion of a reflective element in your annual PDP which is in line with the new registration standard. Reflection on your PDP at a later date, via Section 1 in the MyCPD system, will automatically allocate the 2 hours to the claim in your MyCPD record.

It is a requirement of the MCNZ that Aotearoa 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 an optional resource for use within Peer Review Groups (PRG) to assist members with the development of their PDP. It is not mandatory for PDPs to be discussed specifically within a PRG, however many members, binationally, find it useful.

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 two (2) hours to complete. 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 planned achievements of the original PDP learning outcomes and to summarise progress on the PDP requirement. There is also a Planning and Review Form (PDP Template) available for use if preferred.
- Revisit or even re-formulate the PDP as learning needs change during the year, expanding or contracting learning outcomes and planning new CPD experiences. The MyCPD system has been updated to assist members with this reflective process.

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. It is also required by the regulatory authorities.

Links to further information:

See the guide to developing a PDP and some PDP templates on the College website:

[Templates and ideas for CPD activities](#)

Recording and Summarising the PDP – PDP Planning and Review

The PDP summarises the planned 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 on the College website: [Templates and ideas for CPD activities](#). If you develop a PDP with your employer, then that form (or relevant documentation) may be used as appropriate. At a minimum, your MyCPD 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.

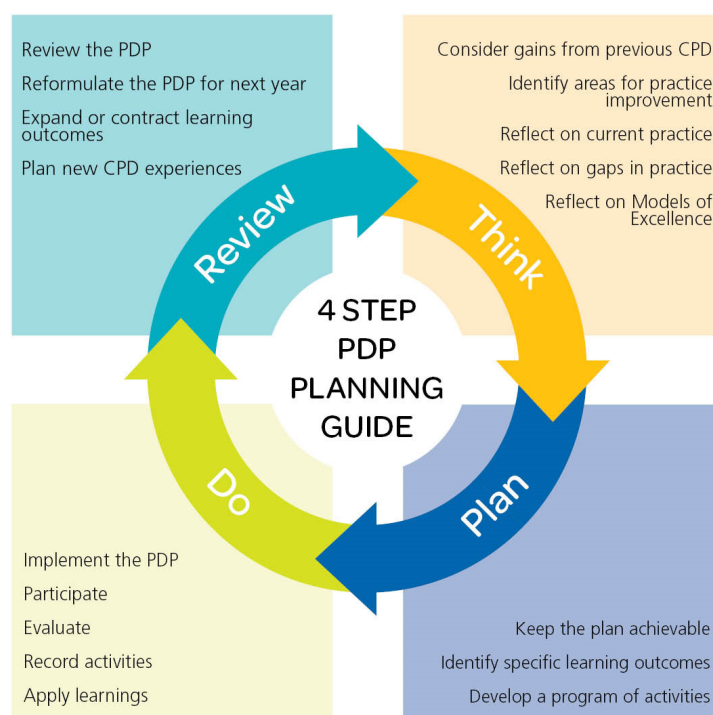
Scope of Practice

The registration standards now require doctors to refer to their scope of practice in their PDP. RANZCP PDP templates have been updated to allow for this inclusion, to help members develop a plan for CPD that is most relevant to them and their practice, and the learning they intend to undertake in reference to it.

For those with more than one scope of practice, for example, Child and Adolescent Psychiatry and Forensic Psychiatry, it is important to make sure that each is referenced in the planned CPD.

Adding your PDP reflection

There is a reflective element in your annual PDP. Reflection must occur at a later date via Section 1 in the MyCPD system. You can either type your reflection into the text box provided, or upload it as a supporting document. Your Section 1 displays with an orange circle and will automatically change to a green tick once the PDP reflection is complete.



Section 2 – Formal Peer Review (PR)

reviewing performance - minimum of 10 hours annually

Combined annual minimum of 23 hours across Sections 2 and 3

Section 2 requires a minimum of 10 hours annually, with a total of at least 23 hours combined across both Sections 2 and 3. This section assists members to comply with the regulatory requirement of including CPD activities that involve [reviewing performance](#). 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. Completing 10 hours of Formal Peer Review is a requirement for all participants in the program including non-specialists. It is also a high-level requirement for all Australian psychiatrists, regardless of their CPD Home.

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 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 the legislation in both Australia and Aotearoa New Zealand.

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 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 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.

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.

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

Links to further information:

[Qualified Privilege - Australia](#)

[Qualified Privilege - Aotearoa New Zealand](#)

[RANZCP Peer Review Group Guidelines](#)

FAQ: Can my annual peer discussion (NZ) take place in the Peer Review Group setting?

Your annual discussion of your practice with a peer can take place in a PRG meeting. There is a guide on the College website designed to assist members – [Professional Development Planning Tool for Peer Review Groups](#).

FAQ: Can a Peer Dyad be registered with the College as a PRG?

In exceptional circumstances where group size is too difficult to achieve for practical or logistic reasons, such as remote location or area of specialty, groups of two RANZCP members known as Peer Dyads may be registered with the CPD program. This is allowable as an interim arrangement for a maximum period of three (3) years. Peer Dyads may not be closed to new members.

Any Dyad created following participation in the Practice Peer Review (PPR, Section 2.2) can continue for a period of three (3) years, but is separate from the PPR activity.

2.2 Practice Peer Review

Practice Peer Review (PPR) provides a series of structured discussion meetings between peer psychiatrists, 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. It allows psychiatrists to explore their own practice in detail with a peer, reflect and consider practice improvement strategies.

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 offered in 2026, and application dates are advised in the CPD Newsletter and on the website.

Links to further information:

[Practice Peer Review](#)

[CPD resources for peer activities](#)

2.3 Supervision

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.

FAQ: Where should the different types of supervision be claimed?

Section 2.3 is only suitable for supervision with a peer psychiatrist – this can include Fellows in Training, completing a RANZCP Certificate of Advanced Training.

Other types of supervision which have contributed to your knowledge and skills as a psychiatrist should be claimed elsewhere:

- Supervision of Registrars and Trainees – Section 4.3
- Supervision of or by a non-Psychiatrist – Section 4.5

2.4 Formal Second Opinion

Providing or receiving a formally documented second opinion for a psychiatrist peer can be claimed in this section. Please note that presenting a case at a PRG meeting cannot also be claimed as a second opinion, as it is already recorded as a Section 2.1 learning activity. A formal second opinion requires the psychiatrist peer to see the patient, thus discussion of cases on social media or similar cannot be claimed in this section.

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.	Can be registered as a PRG with the College (2.1) or recorded as supervision (2.3) with evidence required as in 'Supervision' below.	2.1 / 2.3
Case Review P	A second opinion for or from another psychiatrist, e.g., 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
Mentoring (Mentor / Mentee)	Mentoring of psychiatry house officers, trainees or peers, including STP Mentoring of rural or remote trainees, RANZCP Mentoring Program. This is not regarded as peer review.	See Section 4.	4.7
Peer Review Group Meetings P	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
Peer Review Dyad Meetings P	College registered groups. Dyads are acceptable for a maximum period of 3 years.	Uploaded to the system by the coordinator or record-keeper, no further substantiating evidence is required.	2.1
Practice Peer Review P	Administered by the College. Application dates will be advised in the CPD newsletter.	Provision of Final Reflection. Attendance will generally be uploaded to MyCPD on behalf of the participants and facilitators. The organisers will confirm if this is the case.	2.2
Practice visit or performance assessments conducted on behalf of national regulators P E	Vocational Practice Assessments for MCNZ. Performance assessments for Regulators, not prompted by a particular issue or concern.	Letter from Regulator confirming participation.	2.2
Supervision P	Receiving individual or group supervision by a psychiatrist peer. Providing supervision to peer/s including for remediation purposes.	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
Supervision of Registrars	Not regarded as peer review.	See Section 4.	4.3
Supervision by or to a non-Psychiatrist	Not regarded as peer review.	See Section 4.	4.5

Summary Table of Activities - Section 2, continued

Activity	Description	Evidence Required	Claim in
Supervision of a RANZCP Fellow in Training P	A Fellow undertaking training for a RANZCP Advanced Certificate, for example.	Evidence provided by letter / email that supervision has been undertaken and the number of sessions for the year.	2.3
Second Opinion (formally undertaken) P	Formal documented second opinion for a psychiatrist peer, or receiving a formal documented second opinion from a peer psychiatrist. The peer psychiatrist needs to see the patient. This could also be in regards to a Medico-Legal Report.	Evidence provided by letter / email that states dates and duration preferably from the Third Party, e.g., HDC if appropriate.	2.4
Second Opinion – presenting case at PRGs	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
SIMG applications - for pathways to Fellowship, assessment of applications	Not regarded as peer review.	Elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	4.4
Tribunal Work	Not regarded as peer review.	Elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	4.4

Note: If you have an excess of activities for Sections 2 and 3, in excess of the required 23 combined hours, they can be claimed in Section 4 at your discretion.

Section 3 - Practice Improvement / Measuring Outcomes (PI)

measuring outcomes - minimum of 5 hours annually

Combined annual minimum of 23 hours across Sections 2 and 3

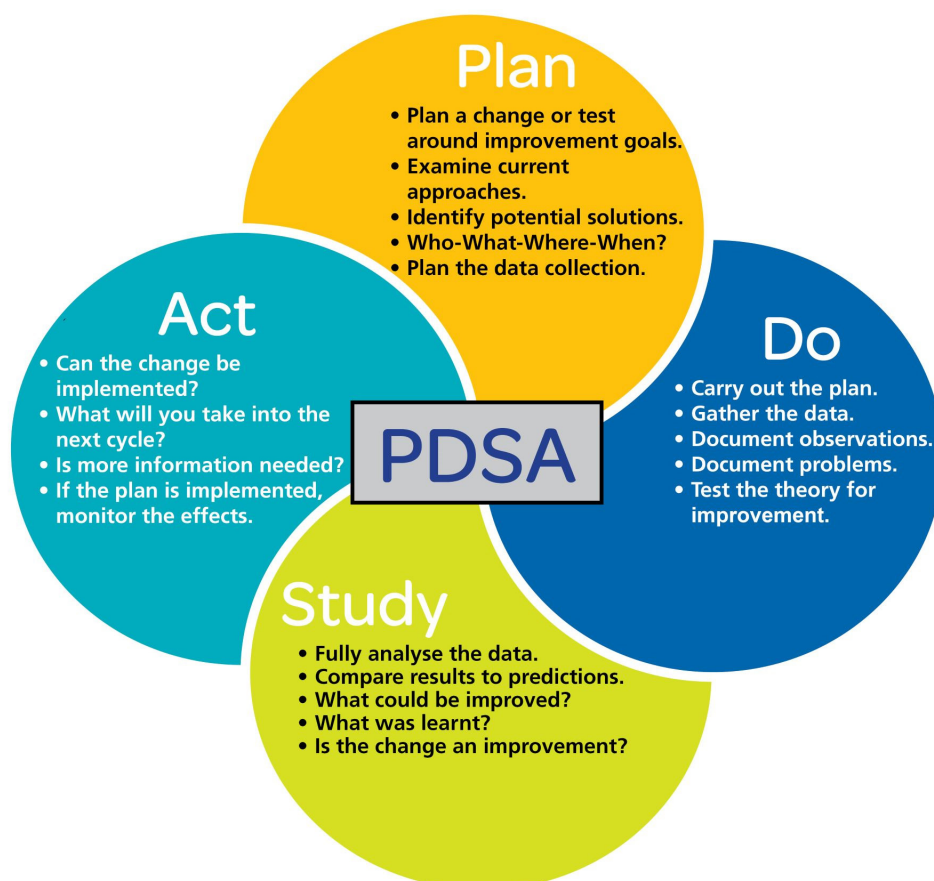
Section 3 requires a minimum of 5 hours annually, with a total of at least 23 hours combined across both Sections 2 and 3. This section assists members to comply with the regulatory requirement of including CPD activities that involve *measuring outcomes*.

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 experiences¹
- 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.



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 trusted colleague.

Frequently asked questions about Section 3 activities

Involvement in RANZCP Assessments - Section 3 or Section 4?

Some RANZCP Assessment activities will be applicable to Section 3, as they clearly make use of the PDSA cycle, and others are more suitable for Section 4. Section 3 activities include Calibration and Standard Setting meetings. Section 4 activities include Question Writing Workshops, and marking assessments such as the PWC, SP and CCA-MPR/CCPR. See the Tables of Activities for more information.

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 psychiatrists working in private practice?

Psychiatrists working in private practice may find some suitable Section 3 activities on the [Templates and ideas page](#) of the College website. For example, templates are available for surveying GPs (Assessment Letter Audit), and guidance and protocols are also available for conducting patient record audits.

Which Section 3 activities would be suitable for psychiatrists transitioning to retirement?

Planning for retirement can be a challenge, but there are many aspects of that process that can contribute to your CPD. If you are considering the handover of patients and their files, perhaps an audit of patient files against a standard could be undertaken.

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
Accreditation (RANZCP) of training programs, posts and Formal Education Courses P	College activity to assess the accreditation of a training program or post or Formal Education Course.	College letter of attendance.	3.2
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
Assessment specifically related to regulator (receiving assessment) P E	A visit from a representative of a regulatory body, for risk analysis or accreditation. This does not include the RANZCP Practice Peer Review activity (Section 2).	Proof of attendance or participation such as a letter or email, or first page of meeting minutes. Reflection on application / changes to practice should be included.	3.2
Assessment specifically related to regulator (providing assessment) P E	Vocational Practice Assessments for MCNZ, for example. Providing a review of a peer on behalf of regulators for competency or professionalism concerns around a risk or known issue.	Letter from Regulator confirming participation.	3.2
Balint Groups	Not regarded as a Practice Improvement activity.	See Section 2.	2.1 / 2.3
CbD Assessment (RANZCP SIMG Substantial Comparability Placement)	Assessing RANZCP SIMG candidates on the SCP.	See Section 4.	4.3
Calibration (RANZCP Assessments) P	Involvement in the calibration of RANZCP Assessments, such as Psychotherapy Written Case, Scholarly Project, CCA-MPR/CCPR, MEQ.	This will generally be an automatic upload to the MyCPD system, with the reflective element to be added	3.1
Calibration of other medical examinations P	Involvement in the calibration of medical exams (for example, Australian Medical Council exams).	Certificate or letter of confirmation from the organisation.	3.1
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

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
A P E External review of psychiatric or mental health services	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. Reflection and application to practice should be included.	3.2
P Interactive workshop (attendance at)	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
P Learning Project	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
P Lecture review and feedback	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
P Literature review (preparation of)	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

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
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 <i>it</i> P	Completing Quality Improvement modules on Learn <i>it</i> can be used to meet your section 3 requirements (once only).	Automatically added to 3.2 in MyCPD from Learn <i>it</i> . 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
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
Practice Peer Review (PPR) P (and C , A , or E , depending on the goals of the participants)	Administered by the College. Application dates will be advised in the CPD newsletter and on the RANZCP website.	Provision of Final Reflection. Attendance will generally be uploaded to MyCPD on behalf of the participants and facilitators. The organisers will confirm if this is the case.	3.2

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
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
Providing RANZCP Supervisor training P	Provision of initial accreditation training and re-accreditation training for RANZCP supervisors of trainees and SIMGs, provided by Directors of Training, of benefit to claimant's practice improvement.	Letter from Branch Training Committee or NZ National Training Committee or delegated local Training Committee confirming the training times and role as trainer.	3.2
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.	3.2
RANZCP Assessments – marking, examining, assessing	Involvement in marking or examining RANZCP trainee Assessments, such as Written exam, Scholarly Project, Psychotherapy Written Case, CCA-MPR/CCPR, being an Independent Assessor for IOCA.	See Section 4.	4.3
RANZCP IOCA / OCA Supervisor Training - Independent Assessor Workshop P	Attendance at workshop, after completion of the pre-workshop task - for accreditation as an Independent Assessor.	This will generally be an automatic upload to the MyCPD system, with the reflective element to be added.	3.1
RANZCP quality improvement activities P	For example, projects involving the redesign of training or assessment methods. These should be identified by the 'parent' committee as quality improvement activities and require CCPD approval.	Agenda or minutes (de-identified).	3.2
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

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
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
Standard Setting (RANZCP Assessments) P	Involvement in the Standard Setting of RANZCP Assessments.	Attendance will generally be uploaded to MyCPD on participant's behalf. Organisers will confirm if this is the case.	3.1
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
Written examination (RANZCP) calibration P	Calibration and debriefing meetings for the College's examinations.	Letter from RANZCP if provided, or confirmation from the College Exam Team.	3.1

Note: If you have an excess of activities for Sections 2 and 3, in excess of the required 23 combined hours, they can be claimed in Section 4 at your discretion.

Section 4 - Self-guided Learning (SGL)

educational activities - minimum of 12.5 hours annually

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 of 12.5 hours annually.

Excess hours from Sections 2 and 3 can be claimed in Section 4 at your discretion, while noting that the MyCPD system will automatically send any overflow hours from Sections 2 and 3 combined, and 4 to Section 5: Additional Hours (which requires a total of 12.5 hours annually).

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.

Participation in RANZCP centrally administered assessments such as the MEQ and CCA-MPR can be reported in this section.

4.4 Informal Learning

These activities 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.

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



4.7 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 and the [RANZCP Mentoring Program](#).

4.8 Wellbeing 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 8 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 prevention 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

See the tables on page 32 for examples of which activities meet the requirements, and which do not.

Link to the College Wellbeing support page:

[Wellbeing support for members](#)

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

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
Assessment marking or examining (RANZCP) P	Involvement in marking or examining RANZCP trainee Assessments, such as Written exam, Scholarly Project, Psychotherapy Written Case, CCA-MPR/CCPR, being an Independent Assessor for IOCA.	Will generally be an automatic upload to the MyCPD system, with the reflective element to be added.	4.3
Attachment to another service P	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
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
Branch 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
Branch Training Committee P	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7
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 – interdisciplinary or multidisciplinary P	Grand rounds, journal clubs.	Proof of attendance, and a reflection on the learning achieved.	4.5
CbD Assessment (RANZCP SIMG Substantial Comparability Placement) P	Assessing RANZCP SIMG candidates on the SCP.	Confirmation from the RANZCP SIMGE team. Confirmation of contribution to your own knowledge and skills.	4.3

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Certificate of Advanced Training (RANZCP) P	Fellow in Training.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
College Committee P	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7
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
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
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

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
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 (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
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
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)* *see also RANZCP Assessments below 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

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Mentoring (Mentor / Mentee) P	Mentoring of psychiatry house officers, trainees or peers including STP Mentoring of rural or remote trainees.	Copy of register of meetings.	4.7
Mock Assessments or Exams P	Development and participation in mock CbDs etc. that contributes to your own knowledge and skills (Mock exams to prepare trainees for the RANZCP Assessments, for example.	Certificate or letter of confirmation from the Director of Training. Confirmation of contribution to your own knowledge and skills.	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
Peer Tutoring P	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
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.	4.2
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
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

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
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
Question Writing Workshop (RANZCP Assessments) P	Involvement in Workshops for MEQ, MCQ, or CAPs for MCQ assessments.	Attendance for Question Writing workshops will generally be uploaded to MyCPD on participant's behalf. Organisers will confirm if this is the case.	4.3
RANZCP Assessments – marking, examining, assessing P	Involvement in marking or examining RANZCP trainee Assessments, such as Written exam, Scholarly Project, Psychotherapy Written Case, CCA-MPR/CCPR, being an Independent Assessor for IOCA.	This will generally be an automatic upload to the MyCPD system, with the reflective element to be added.	4.3
RANZCP IOCA / OCA - Supervisor Training - Independent Assessor pre-workshop task P	Completion of the pre-workshop task for Independent Assessor training – reviewing resources and completing scoring guide.	This will generally be an automatic upload to the MyCPD system, with the reflective element to be added.	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
Secondment to another service P	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	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

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Short courses (attende	Attendance at a short course.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
P			
Social Media for Learning Purposes (teaching)	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
P			
Supervision of Registrars (Psychiatry or other medical specialties)	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
P			
Supervision with other specialists	Supervision with another health professional that contributes to your knowledge and skills as a psychiatrist (2.3 is Supervision of or with a psychiatrist peer)	Letter or email confirming dates of supervision	4.4
P			
Teaching Medical Students	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
P			
Teaching (other)	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
P			
Text reading	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
P			
Training in cultural contexts of care	Seminars, workshops, lectures, e-learning training on culturally safe practices.	Certificate of attendance and a reflection of learning gained.	4.5
C A P			

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
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
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 31 and 32 for more information.	Evidence of enrolment / certificate of completion and a brief reflection on the learning achieved.	4.8
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

Note: Content of a workshop / webinar / reading may cover other domains (Culturally Safe Practice, Addressing Health Inequities, Ethics) in addition to Professionalism.

Section 5 - Additional Hours (AH)

requires 12.5 hours annually

An additional 12.5 hours is required, above the total allocated hours for the combined Sections 2 and 3 (23 hours), or Section 4 (12.5 hours), to meet the minimum annual requirement of 50 hours.

When you complete more than the required hours in the combined Sections 2 and 3, or Section 4, the additional hours will automatically be allocated to Section 5 in MyCPD.

Please note that it is not possible for direct allocation of activities to Section 5 by members.

Some additional information to assist with the reporting of your CPD.

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.

CPD participants will receive the quarterly newsletter 'Your CPD Home' which contains an update of current progress on the CPD claim, news of events and activities, as well as reminders of the key dates.

The College is required to report the CPD compliance of program participants to the Medical Board of Australia or the Medical Council of New Zealand by 30 June of the following year.

Important dates	
31 December 2026	End of the CPD year
1 March 2027	End of extended reporting period
30 June 2027	Mandatory compliance reporting by the RANZCP to registration bodies

New Fellows

New Fellows are automatically enrolled in the RANZCP CPD Program when admitted to Fellowship, but may not have to meet the full annual requirements for that year. Participation is pro-rata for the number of months remaining in the CPD year of admission to Fellowship. A tailored program is set up in the MyCPD system to reflect the requirements. To see if this applies to you, please see the table of pro-rata requirements in the [Exemptions Policy](#) (6.4).

Please contact the CPD Team if you have any questions about your pro-rata program, your move from the BiT CPD program, have a request for further exemption, or have difficulty meeting the requirements via cpdhelp@ranzcp.org.

If you move from the [BiT CPD program to the Fellow program](#) during the year, you may need to complete some of each program, to show AHPRA completion of a full calendar year of 50 hours of CPD overall.

Please note: Affiliates who attain Fellowship will be required to complete the full program, as CPD is also a requirement of that Affiliate status, unless another reason for exemption is applicable.

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 Aotearoa 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 Australia or Aotearoa New Zealand, they must provide the College with proof of completion of their local CPD program in order to maintain FRANZCP. Fellows overseas can, and are encouraged to, continue to enter any CPD activities as they occur to their MyCPD record.

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

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 formally retired from the College. For more information see the College website regarding [Notifying the College of Retirement](#).

While a Fellow holds practising registration they have a CPD obligation, even if they are no longer working and consider themselves to be retired.

Links to further information regarding retirement:

[Supporting members through retirement: New resources and initiatives](#)

[Retiring from practice](#)

[Retiring well](#)

[Mentoring: Retirement conversations](#)

[Retirement and supervision of RANZCP Trainees - Supervision Policy and Procedure \(5.3.2\)](#)

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.

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](#)

[MCNZ Taking a Break](#)

[RANZCP Exemptions Policy](#)

[Guidance for leave and return to practice | RANZCP](#)

Certificates of Completion

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 MyCPD system by the end of the extended reporting period (1 March) and have met the minimum requirements of the RANZCP CPD program.

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. The implications of this should be checked by the CPD enrollee 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, and reported to the relevant medical registration authority.

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.



The Royal
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Annual Audit Processes

Annual RANZCP Audit Process

Each year, a random sample of participants' records is audited by the College. This includes new Fellows in their first year of Fellowship. 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 MCNZ and 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 Fellows and Affiliate members being referred to the RANZCP Board and the relevant medical registration authority.

It should also be noted that mandatory reporting is now in place for both Australia and Aotearoa New Zealand. The College is required by law to report compliance with CPD requirements to the appropriate registration authority by 30 June each year.

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 1 – PDP** Make sure you have documented your scope of practice in your PDP, that there is at least one learning goal, and that you have reflected on your PDP at the end of the year. The templates on the website may help you with this, if you prefer not to use the online PDP form.
- **Section 2 – Formal Peer Review** If you are using supervision to meet this requirement, make sure you upload some evidence of your supervisory arrangements – an email or letter with the dates of your supervision, for example. If you are recording second opinions, include an email or letter confirming the opinion. In both cases, make sure you reflect on the activity.
- **Section 3 – Practice Improvement / Measuring Outcomes** 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.
- **Section 4 – Self guided learning** 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. It is acceptable to reflect that your practice hasn't changed as a result of what you have read – it may be that your reading confirms that your practice is current and appropriate.

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

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 which requires the RANZCP to report on any continued non-compliance. Aotearoa New Zealand CPD members who have not completed CPD for two (2) years, and who have not been granted an exemption, may therefore have their names forwarded to the MCNZ.

In addition, the MCNZ provides the RANZCP with a list of psychiatrists being audited. Aotearoa 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 MyCPD. The College is obliged to provide this information within ten (10) working days.

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.

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

Links to further information from the regulatory authorities:

[MCNZ Recertification Audit](#)

[MCNZ Recertification and Professional Development](#)

[MBA Registration Standards](#)



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