



2023 RANZCP Continuing Professional Development Program

Program Guide

Disclaimer

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

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

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

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

The RANZCP is committed to providing members with an evidence-informed CPD program to support their learning and professional development in the practise of Psychiatry. The world, and the practise of medicine, has changed since your completion of undergraduate and vocational training. Scientific knowledge, psychiatric classifications and conditions, patient and carer expectations, and inter-professional collaboration are all recent examples of these changes. A College CPD program supports the ongoing learning and competency of its members to achieve public and stakeholder expectations to receive safe psychiatric care.

We continue to 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 strongly aligns with adult learning principles. We support the development of flexible learning plans (i.e. Professional Development Plan) that support your daily 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.

The 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) requires 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. These changes will be introduced to the RANZCP CPD program as required by the MBA and the MCNZ, and are outlined in this guide.

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.

Dr Wayne de Beer

Chair, Committee for Continuing Professional Development

A message from the Community Representative

Congratulations to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on the production of the 2023 Continuing Professional Development (CPD) Program Guide.

As the Community Representative on the Committee for Continuing Professional Development (CCPD) and the Co-Chair of the Community Collaboration Committee (CCC) I believe my role in this committee is to emphasise community expectations of ongoing professional development for psychiatrists.

In 2022 the RANZCP Board approved <u>Position Statement 62 Working in Partnership: psychiatrist and the community.</u> 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 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.

There have been changes to the My CPD system, in line with the new Australian registration standard. The CCPD has worked hard and dedicated time and attention to creating both effective communication opportunities and supporting materials that enable College members to transition to these minor changes with minimal impact.

A key feature included within the Professional Development Plan 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 opportunity to sit on the committee on behalf of people with a lived experience who rely on a contemporary compassionate psychiatry profession.

De Backman-Hoyle

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 2023 program involves a minimum of 50 hours of CPD. Effective from January 2023, all doctors will be required to meet the CPD program requirements of an accredited 'CPD Home'. Specialist medical colleges will generally be the default CPD Home for their primary specialty.

The revised <u>Registration Standard</u> published by the MBA includes some changes to the required allocation of the 50 hours across three types of CPD – **reviewing performance**, **measuring outcomes** and **educational activities**. The changes are designed to make sure that the time doctors spend on CPD is useful, and assists them to engage in learning that is relevant, effective and evidence based.

The RANZCP Committee for Continuing Professional Development (CCPD) has aimed to facilitate these changed requirements in a way that is most manageable for program participants. **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), and **educational activities** are equivalent to RANZCP CPD Section 4 (Self-guided learning).

Changes to the RANZCP CPD Program - Introduced Bi-nationally

Section 1 - Professional Development Plan (PDP)

The Professional Development Plan (PDP) is now allocated a maximum of 2 hours (reduced from 5). 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: Formal Peer Review and Section 3: Practice Improvement activities respectively) as a combined total.

This includes:

- A minimum of 10 hours in reviewing performance Section 2: Formal Peer Review
- A minimum of 5 hours in measuring outcomes Section 3: Practice Improvement.

These changes allow flexibility for the individual member to determine the spread of their hours across the new, combined requirements for Sections 2 and 3 which is an additional 8 hours from either or both.

Section 4 Activities

• A minimum of 12.5 hours in **educational activities** – Section 4: Self-Guided Learning Activities (this was previously 25 hours).

Section 5 Activities

An additional 12.5 hours across any CPD activities from Sections 2, 3 and 4 to bring the total hours to 50 per year – Section 5: Additional Hours (this was previously 5 hours).

Summary

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	Minimum of 10 hours	Minimum of 5 hours	12.5 hours	12.5 hours
	23 hours in total a	cross both sections		

FAQ: Do the changes to the registration standard 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.

Links to further information:

RANZCP CPD Policy for Continuing Professional Development

MBA Revised Registration Standard

MCNZ Recertification and Professional Development

My CPD Online System

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

The system has been updated to reflect the changes to requirements for 2023.

My CPD 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 31 March of the following year (unless otherwise advised).

FAQ: What should be recorded in the insights, reflections, and application to practice text box?

The online text boxes in the My CPD system require a reflection on the insights gained and / or the application to a member's practice to be included for each entered CPD activity. Peviously this text box has been labelled 'Learning Outcomes'.

This should be a brief reflective summary of the knowledge gained by the activity, your assessment of the value or quality of the activity, and how it may apply to your practice

The My CPD System allows for:

- access from mobiles / tablets / computers
- monitoring of annual CPD progression
- document uploads
- activities to be logged as they are completed
- the recording of a reflection on learning gained
- the download of CPD certificates and statements
- no need to submit a separate CPD claim
- a paperless CPD claim
- a paperless CPD audit (if selected)

Help with My CPD:

• the online help centre:



- A new guide to the My CPD system will be available in 2023, with step-by-step instructions to help with all the functions. It will be published on the College website when available
- 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 doctorpatient relationship and the dynamic exchanges that occur before, during and after the medical encounter.

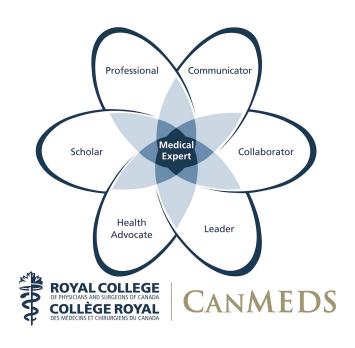
The **Collaborator** works effectively as a member of a health care team to achieve optimal patient care.

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 wellbeing 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 practise 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 My CPD system, will automatically allocate the 2 hours to the claim in your My CPD 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 formulate the PDP as learning needs change during the year, expanding or contracting learning outcomes and planning new CPD experiences. The My CPD 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.

Links to further information:

See the guide to developing a PDP and some PDP templates on the <u>Templates and ideas for CPD activities</u> page.

Recording and Summarising the PDP – PDP Planning and Review

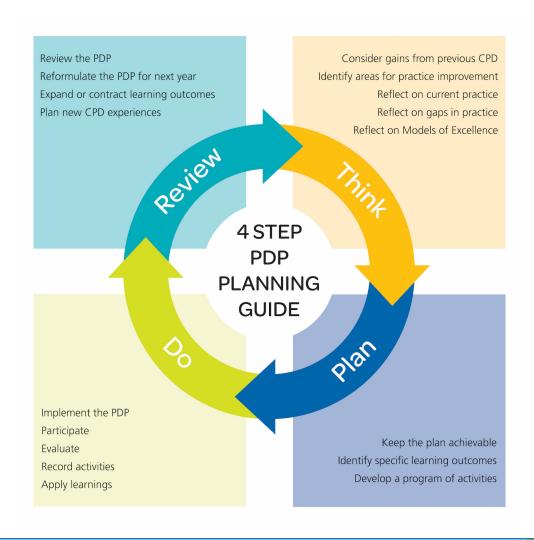
The PDP summarises the planned learning outcomes. This enables the planning, recording and reporting of activities completed across all CanMEDS Roles, and the application to practice improvement for easy reference.

The College does not mandate a specific PDP Form; however, templates which can be used are found on the College website: <u>Templates and ideas for CPD activities</u>. If you develop a PDP with your employer, then that form (or relevant documentation) may be used as appropriate. At a minimum, your My CPD record should contain two completed forms showing the initial PDP development and the end of year PDP review. The second version could be an updated review of the initial PDP. Reflection components will be included in audit reviews.

Scope / Area of Practice

The new registration standards now require doctors to refer to their scope / area 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 / area 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.



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. The My CPD system has been updated to reflect this change, assisting members to comply with the new regulatory requirements 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.

2.1 Peer Review Groups

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

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

Aim of Peer Review Groups

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

A PRG does not provide clinical or operational oversight to the professional work being undertaken by a member of the group. PRGs do not have any responsibility for the quality or ethical conduct of individual members, except when mandated by legislation or the Codes of Ethics of the RANZCP. Some PRGs save documentation from their meetings to My CPD. 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 RANZCP has a <u>guide for PRGs meeting virtually</u>, which is published on the College website.

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 My CPD on behalf of the group. Once submitted, each participant's CPD record will be populated to reflect their attendance.

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

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 – <u>Professional Development Planning Tool for Peer Review Groups</u>.

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.

Links to further information:

Qualified Privilege - Australia

Qualified Privilege - Aotearoa New Zealand

RANZCP Peer Review Group Guidelines

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.

Two rounds of this CPD activity will be offered in 2023, and application dates will be advised in the CPD Newsletter.

Links to further information:

Updates and information regarding 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 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.

Summary Table of Activities - Section 2

Activity	Description	Evidence Required	Claim in
Balint Groups	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	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
Medico-legal report writing (second opinion)	Formal documented second opinion for a psychiatrist peer or receiving a formal documented second opinion from a peer psychiatrist.	Evidence provided by letter / email that states dates and duration, preferably from the Third Party, e.g., HDC if appropriate.	2.3
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	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	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	Administered by the College, available for 2023 CPD. Application dates will be advised in the CPD newsletter.	Provision of Final Reflection. Attendance will generally be uploaded to My CPD 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	Vocational Practice Assessments for MCNZ. Performance assessments for Regulators for competency or professionalism concerns.	Letter from Regulator confirming participation.	2.2
Supervision	Receiving individual or group supervision by a psychiatrist peer. Providing supervision to peer/s including for remediation purposes.	Evidence provided by letter / email that supervision has been undertaken and the number of sessions for the year.	2.3
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

Activity	Description	Evidence Required	Claim in
Supervision of a Fellow in Training	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)	Formal documented second opinion for a psychiatrist peer or receiving a formal documented second opinion from a peer psychiatrist.	Evidence provided by letter / email that states dates and duration preferably from the Third Party, e.g., HDC if appropriate.	2.3
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, they can be claimed in Section 4 at your discretion.

Section 3 - Practice Improvement (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. The My CPD system has been updated to reflect this change, assisting members to comply with the new regulatory requirements 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 <u>Templates and ideas for CPD</u> 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, or Multi-source Feedback. They are relevant to the individual member's learning, rather than of a broader service impact.

3.2 Continuous Quality Improvement

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

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.

Aotearoa New Zealand doctors please note: The MCNZ no longer mandates that one audit of medical practice per year is completed in order to meet recertification requirements, while still encouraging the inclusion of this high-value activity. Any RANZCP approved Section 3 activity is suitable.

Links to further information:

There will be a new guidance, or FAQ, document for Section 3 - due to be published in 2023/4. It will be uploaded to the <u>Templates and ideas for CPD</u> page of the website when available.

FAQ: Can involvement in RANZCP Assessments be claimed for CPD?

Some RANZCP Assessments activities are uploaded to Section 3 of the My CPD system on the participant's behalf, as they clearly make use of the PDSA cycle and do not need further verification. Activity organisers will confirm if this will be the case:

- Calibration
- Standard setting

Sometimes Section 4 activities are also uploaded on the participant's behalf, where the workshop has been organised and attendance has been monitored by the College. Activity organisers will confirm if this will be the case:

attendance at Question Writing Workshops

Section 3 versus Section 4

Some Assessment activities will be applicable to Section 3, and some are more suitable for Section 4, as described below:

- Those involving calibration and standard setting are suitable for Section 3:1 Practice Development and
- Those that are for the assessment process only are more suitable in Section 4.3: Teaching.

Section 4 activities are most commonly self-reported by the member – as there is the need to indicate the learning that has been achieved.

Please note that there is a short delay in uploading activities to the system on behalf of members, and the organiser will generally inform participants when this has occurred.

Summary Table of Activities - Section 3

Activity	Description	Evidence Required	Claim in
Accreditation (RANZCP) of training programs, posts and Formal Education Courses	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)	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)	For example, histories, correspondence, recall systems.	Outline of audit including number of cases, standards used, learning outcome and reflection. Deidentified sample of questionnaire	3.2
Assessment specifically related to regulator (receiving assessment)	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)	Vocational Practice Assessments for MCNZ, for example. Providing a review of a peer on behalf of regulators for competency or professionalism concerns.	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 Clinical Competency Assessment)	Assessing RANZCP trainees.	See Section 4.	4.3
CbD Assessment (RANZCP SIMG Substantial Comparability Placement)	Assessing RANZCP SIMG candidates on the SCP.	See Section 4.	4.3
Calibration (RANZCP Assessments)	Involvement in the calibration of RANZCP Assessments, such as CbD, Psychotherapy Written Case, Scholarly Project, CEQ, MEQ.	Certificate or letter of confirmation from the RANZCP Assessments team.	3.1
Critical Incident Review	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	Ethics submission for a research proposal – does not have to be accepted.	Receipt of submission.	3.3

Activity	Description	Evidence Required	Claim in
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
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
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 practice improvement activities – elements that have contributed to professional development can be attributed to Section 4.4 Informal learning.	See section 4.	4.4
Mental Health Review Board - re-assessment	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 should be included.	3.1
Mortality and Morbidity (M&M) Meetings	Service and organisational M&M meetings.	Agenda with membership listed, or deidentified minutes showing attendance. Reflection and application to practice should be included.	3.2
Multi-source feedback (also known as '360-degree')	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 should be included.	3.1

Activity	Description	Evidence Required	Claim in
Online Quality Improvement activities (e.g., CCQI modules via Learn <i>it</i>)	Completing all four modules in the CCQI series on Learnit can be used to meet your section 3 requirements (once only).	Automatically added to 3.2 in My CPD from Learnit.	3.2
Peer reviewer of journal articles	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
Planning committee meetings, such as steering groups, expert advisory committees etc.	'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 should be included.	3.2
Planning meetings	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 should be included.	3.2
Projects, trials or interventions, including RANZCP quality improvement activities	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	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	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	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 CbD, Written exam, Scholarly Project, Psychotherapy Written Case.	See Section 4.	4.3

Activity	Description	Evidence Required	Claim in
RANZCP quality improvement activities	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	Demonstrated transference of research findings into practice.	Reflection ½ - 1 page of new research and how it translates into member's practice.	3.3
Review of own performance	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	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
Risk management projects	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	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)	Involvement in the Standard Setting of RANZCP Assessments	Attendance will generally be uploaded to My CPD 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

Activity	Description	Evidence Required	Claim in
Tribunal re-assessment	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 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, 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 now requires a minimum of 12.5 hours annually. The My CPD system has been updated to reflect the change, assisting members to comply with the new regulatory requirements.

Excess hours from Sections 2 and 3 can be claimed in Section 4 at your discretion, while noting that the My CPD system will automatically send any overflow hours from Sections 2, 3 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.

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 My CPD record, with each module attracting an applicable hour allocation. Certification of modules may also be downloaded, printed and used for proof of completion if required by RANZP CPD members. All CPD participants may access the modules via the College website. Modules with no CPD hours attached will not be recorded in My CPD.

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 My CPD



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 <u>RANZCP Mentoring Program</u>.

Summary Table of Activities - Section 4

Activity	Description	Evidence Required	Claim in
Accredited Short Education Courses	Provided by a recognised educational institution.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
Assessment marking or examining (RANZCP)	Involvement in marking or examining RANZCP trainee Assessments, such as CbD, Written exam, Scholarly Project, Psychotherapy Written Case.	Certificate or letter of confirmation from the RANZCP Assessments team. Confirmation of contribution to your own knowledge and skills.	4.3
Attachment to another service	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	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	Presentations of clinical information and professional development relevant to psychiatric practice (in-vivo or on-line).	Certificate of attendance or completion.	4.1
Branch Training Committee	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7
Carer and Consumer consultation meetings	Participation in consultation meetings.	Proof of attendance, or a reflection on the learning achieved.	4.5
Case study reviews – informal group	Case presentation meeting (departmental, inter-disciplinary etc.).	Proof of attendance, or a reflection on the learning achieved.	4.5
Case study reviews – interdisciplinary or multidisciplinary	Grand rounds, journal clubs.	Proof of attendance, or a reflection on the learning achieved.	4.5
CbD Assessment (RANZCP Clinical Competency Assessment)	Assessing RANZCP trainees.	Certificate or letter of confirmation from the RANZCP Assessments team. Confirmation of contribution to your own knowledge and skills.	4.3
CbD Assessment (RANZCP SIMG Substantial Comparability Placement)	Assessing RANZCP SIMG candidates on the SCP.	Confirmation from the RANZCP SIMGE team. Confirmation of contribution to your own knowledge and skills.	4.3
Certificate of Advanced Training (RANZCP)	Fellow in Training.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
College Committee	Membership of the Committee.	Letter of participation and number of meetings attended.	4.7

Activity	Description	Evidence Required	Claim in
College resources	Development of College resources.	Evidence of College resource developed or reflection outlining resource.	4.7
Conferences (attendance)	Conferences, workshops, Congress attendances.	Certificate of attendance / completion. Brief reflection on learning gained.	4.1
Conference (presentation at)	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	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	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education / Master's programs.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
Distance Learning – structured formal learning	Attendance at a short course via distance learning (non-Post Graduate courses).	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
Evidence in Court	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	Attendance at organisational grand rounds.	Certificate of attendance or reflection of learning achieved for the session.	4.5
Hospital onsite training	For example, fire safety, basic life support.	Certificate of attendance.	4.5
Journal clubs	Journal clubs related to the practice or psychiatry or related areas, e.g., administration, academia / research or education.	Certificate of annual attendance or reflection of the session.	4.1
Journal reading	College and other journals, relevant to the practice of psychiatry.	Brief citation and notes, reflection of learning gained.	4.4
Journal and text reading	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	Daily or weekly journal, updated with new learning.	Reflection on the learning gained.	4.4

Activity	Description	Evidence Required	Claim in
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 (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)	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)	Passive attendee, for a one-off seminar or lecture.	Certificate of attendance OR, reflection of learning gained.	4.1
Master's degree	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
Medico-legal reports	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	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
Mentoring (Mentor / Mentee)	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	Development and participation in mock CbDs etc. that contributes to your own knowledge and skills (Mock assessments to prepare trainees for the RANZCP CCE 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	Through the College Learnit program – automatically listed on individual My CPD pages.	Modules are automatically listed on My CPD in the relevant section.	4.6
Online modules – non-RANZCP	From non-accredited internet CPD programs	Certificate of completion OR brief reflection on learning gained.	4.4

Activity	Description	Evidence Required	Claim in
Online modules – extended learning	Extended learning or implementation of ideas, additional reading or study.	Citation and notes from further reading, reflection on learning gained.	4.4
Peer Tutoring	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
PhD	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.2
Podcasts (listening to)	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)	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Private reading	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	Articles, books, book chapters - not subject to peer review	Proof of publication.	4.4
Question Writing Workshop (RANZCP Assessments)	Involvement in Workshops for MCQ or MEQ assessments.	Attendance for Question Writing workshops will generally be uploaded to My CPD on participant's behalf. Organisers will confirm if this is the case.	4.3
RANZCP Assessments – marking, examining, assessing	Involvement in marking or examining RANZCP trainee Assessments, such as CbD, Written exam, Scholarly Project, Psychotherapy Written Case.	Certificate or letter of confirmation from the RANZCP Assessments team. Confirmation of contribution to your own knowledge and skills.	4.3
Research / background reading	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

Activity	Description	Evidence Required	Claim in
Sabbatical	Period of research or study.	Reflection on the learning achieved.	4.4
Secondment to another service	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
Seminar (attendee)	One-off lecture or seminar.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
Seminar (writer and presenter)	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Short courses (attendee)	Attendance at a short course.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
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
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
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
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
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

Activity	Description	Evidence Required	Claim in
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
Training in cultural contexts of care	Seminars, workshops, lectures, e-learning training on culturally safe practices.	Certificate of attendance OR reflection of learning gained.	4.5
Tribunals	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)	Passive attendee, at one-off tutorial or a series of tutorials related to a topic.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
Tutorial (writer and presenter)	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)	Passive attendee, at one-off webinar or a series of webinars related to a topic.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
Webinar (writer and presenter)	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Workshop (attendance at, non-interactive)	Attendance at a non-interactive workshop.	Evidence of enrolment / Certificate of completion, or a reflection on the learning achieved.	4.1
Workshop (writer and presenter)	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3

Section 5 - Additional Hours (AH)

requires 12.5 hours annually

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

If you complete more than the required hours in Sections 2, 3, and 4, the additional hours will automatically be allocated to Section 5 in My CPD.

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 My CPD 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 information regarding cultural safety and health equity:

SBS Australia - Cultural Competency Program

RANZCP Website: Maori Mental Health

RANZCP Aboriginal and Torres Strait Islander Mental Health

MCNZ - Cultural Safety

The CPD team can be contacted via email or telephone if you have any questions or require assistance with your CPD claim.

cpdhelp@ranzcp.org

Toll free Australia 1800 337 448

Toll free Aotearoa New Zealand 0800 443 827

RANZCP Endorsement of CPD Events and Activities

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

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

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

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

rTMS Training Courses, Endorsement and Medicare (Australia)

rTMS is now listed on the Medicare Benefits Schedule in Australia (MBS) for the treatment of major depressive disorder. These MBS items can only be claimed by psychiatrists with training in rTMS and participants in rTMS training courses can only claim the MBS items if the course is endorsed by the RANZCP. There is more information for course providers and participants, and their CPD requirements, on the rTMS Training Courses page of the College website.

Application Process

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

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

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

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





Links to further information:

Endorsement page of the College website

rTMS Training Courses and Endorsement page of the College Website

Annual CPD Process

The Annual Process

For each year, 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 My CPD system.

CPD participants will receive the regular 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:

- end of the CPD year **31 December**
- end of the extended reporting period 31 March of the following year
- mandatory reporting by the RANZCP to registration bodies of compliance by 30 June of the following year

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

The revised <u>Registration Standard</u> will require the College 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.

New Fellows

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

New Fellows who attain Fellowship **after the 30 June** in any given year will be enrolled in a pro-rata CPD Program and expected to engage in CPD activities for the remainder of that year.

Please contact the CPD Team is you have any questions about your pro-rata program, or have a request for further exemption, via cpdhelp@ranzcp.org.

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 Australian 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 My CPD 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.

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, or when the deferral spans two CPD claim periods.

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

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

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

The 10% of 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 My CPD 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 (31 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, may be subject to a late fee and audit.

Annual Audit Processes

Annual RANZCP Audit Process

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

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

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

It should also be noted that mandatory reporting in 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.

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

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

Links to further information from the regulatory authorities:

MCNZ Recertification Audit

MCNZ Recertification and Professional Development

MBA Registration Standards



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