
Continuing Professional Development program

Handbook

December, 2013



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1. INTRODUCTION

Welcome to the ANZCA and FPM Continuing Professional Development (CPD) Program

The Medical Board of Australia and the Medical Council of New Zealand require all registered medical practitioners to participate in continuing professional development (CPD) relevant to their scope of practice. For anesthesia and pain medicine, the CPD standard is that set by ANZCA. The primary goal is patient safety achieved through medical practitioners maintaining their knowledge and skills that are contemporary and suit the increasingly complex modern medical environment in which we work, ensuring ongoing delivery of safe, high quality care.

The ANZCA and FPM CPD program is designed to help and support fellows to fulfil the requirements of the standard. The program is now in its second triennium and it continues to be supported strongly. It is evolving to meet fellows' needs, including automatic registration of college conferences and the development of on-line resources to complete some of the 'Emergency Response' activities.

The program is governed by the CPD committee which comprises members from Australia and New Zealand, from a variety of practice settings in both public and private practice and at different career stages to ensure the program is feasible and user-friendly. Many fellows have received practical advice from CPD committee members and ANZCA CPD team, either via phone or email, or at the ASM ANZCA booth, and a series of useful 'CPD tips' articles are available online.

My thanks to Dr Nigel Robertson the chair of the CPD committee, and Dr Vanessa Beavis the previous chair, their committee members and the CPD team who have worked tirelessly to deliver and enhance this program, as well as their hard work in meeting the mandatory requirements (set by the regulatory bodies) for monitoring Fellows' compliance.

The online CPD portfolio, with the ability to store evidential documentation, facilitates auditing either by ANZCA or AHPRA and specific advice for fellows who are audited by AHPRA is available on our website.

If required, assistance is only a phone call or an email away – 03 9510 6299 or cpd@anzca.edu.au.

Professor David A Scott

ANZCA President

Dr Nigel Robertson
FANZCA
Chair, ANZCA and FPM CPD Committee

SUMMARY

The CPD Program operates on a three-year cycle, commencing on January 1 of the first year and concluding on December 31 of the third year.

Participants must accrue a minimum of 30 credits each year and 180 credits across the triennium.

The CPD Program includes three categories: practice evaluation; knowledge and skills; and emergency responses.

Participants must accrue a minimum of 100 credits from practice evaluation and 80 credits from knowledge and skills during their triennium.

Participants are required to complete some mandatory activities from the categories of practice evaluation and emergency responses.

Participants who neither administer anaesthesia and/or sedation, nor work in a practice environment where it would be expected that they would be able to respond in an emergency have different minimum CPD requirements. Participants who are not directly involved in patient care are also catered for within the program.

The online CPD portfolio system makes it easier and simpler for participants to record, monitor and provide evidence of their CPD activities.

2. STATEMENT OF PURPOSE

The purpose of CPD is to maintain and advance each individual doctor's knowledge, skills and professional behaviour to ensure the highest standards of patient care throughout their working lives. This is achieved through lifelong practice evaluation, learning with peers and engaging in educational activities targeted to each specialist's needs.

It is also important to demonstrate CPD compliance to external parties, including government, the medical board and council (regulatory authorities), hospitals (credentialing), patients and the community. Involvement in the ANZCA and FPM CPD Program provides tangible evidence of participation and compliance through annual participation and triennial compliance certificates. Without such evidence, employment, clinical privileges and medical registration may be affected.

The College conducts the CPD Program in accordance with the accreditation standards and requirements of the Australian Medical Council and the Medical Council of New Zealand. The College has produced a standard, including a framework for directing education provided by others and to guide self-directed learning. The [ANZCA CPD Standard](#) applies to all specialist anaesthetists and specialist pain medicine physicians in Australia and New Zealand, even if they are completing another CPD program or a self-directed program (Australia only).

3. MANDATORY CPD PARTICIPATION - REGULATORY AUTHORITIES

Medical Board of Australia

In Australia, from July 1, 2010 under the Australian Health Practitioner Regulation Agency (AHPRA), medical practitioners who are engaged in any form of medical practice must participate in CPD which is relevant to their scope of practice. Members or Fellows of medical colleges accredited by the Australian Medical Council can adhere to the AHPRA registration standard by participating in and meeting the requirements of the CPD program set by their College.

Annual registration requires a declaration by every doctor that the CPD standard has been met. The MBA/AHPRA may audit compliance and failure to comply is a breach of legal requirements for registration. However, if a Fellow is audited, this is greatly streamlined by participation in the ANZCA and FPM CPD program.

Under the national law, CPD must include a range of activities to meet individual learning needs including practice-based reflective elements, such as clinical audit, peer-review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning. For more information, refer to the [Medical Board of Australia's Continuing Professional Development Standard](#).

Medical Council of New Zealand

The Medical Council of New Zealand (MCNZ) defines CPD as involvement in audit of medical practice, peer review and continuing medical education, aimed at ensuring that a doctor is competent to practise medicine. CPD is also intended to foster a culture of peer support and lifelong learning.

The MCNZ requires all doctors registered in a vocational scope of practice to participate in an accredited recertification program administered by the relevant vocational education advisory body (VEAB, formerly known as branch advisory bodies) to receive an annual practising certificate (recertification).

For the vocational scope of anaesthesia, ANZCA is the approved VEAB. The FPM is the approved VEAB for the specialty of pain medicine.

More information regarding the requirements can be found in the MCNZ's document on [Recertification and Continuing Professional Development](#).

4. CPD PROGRAM REQUIREMENTS

Overview of CPD Program requirements

The ANZCA and FPM CPD Program contains three categories:

1. Practice evaluation;
2. Knowledge and skills;
3. Emergency responses.

Participants who practise anaesthesia and/or sedation need to complete 180 credits across the triennium, participating in learning activities from all three categories (refer to Table 1, p8). All participants will need to complete the CPD plan at the beginning of their triennium, and an evaluation at the end.

To be considered an active participant in the ANZCA and FPM CPD Program, participants need to complete the CPD plan and earn a minimum of 30 credits a year.

Practice evaluation

This category includes both activities that evaluate a participant's own practice for quality assurance (a certain number of these are compulsory) and activities that may not be directly relevant to own practice. Evaluation activities that are directly relevant to a participant's practice include clinical audits, multi-source feedback, patient experience surveys and peer review of practice. Practice evaluation activities that may or may not be directly relevant to a participant's own practice include attendance at morbidity/mortality meetings, participation in case conferencing, hospital accreditation visits and medico-legal report writing.

Knowledge and skills

This category includes activities such as attending conferences, courses and workshops, as well as self-directed learning, such as completing online modules and journal reading. Participating in the teaching and assessment of trainees, and contributing to research also are options that earn credits.

Emergency responses

This category is incorporated into the program to facilitate regular education in those emergency responses considered "core" to safe anaesthesia and sedation practice, which Fellows otherwise might infrequently encounter.

Participation in one of the crisis management courses below will fulfill this requirement:

- Effective Management of Anaesthetic Crisis (EMAC),
- Advanced Life Support (ALS 1 or 2) conducted by the Australian Resuscitation Council (ARC) or the New Zealand Resuscitation Council (NZRC), level 7,
- Managing Obstetric Emergencies and Trauma (MOET),
- Early Management of Severe Trauma (EMST),
- Definitive Surgical and Anaesthesia Trauma Course (DSATC),
- Advanced Paediatric Life Support (APLS) and;
- Emergency Trauma Management (ETM).

However, it is not mandatory to attend any particular course. The same activity may be completed twice within the triennium to meet this requirement, providing there is a twelve month interval between the two activities.

Recognition codes have been assigned for the above courses, and are available for reference on the ANZCA website, please [click here](#) to view them.

CPD REQUIREMENTS FOR VARIOUS PARTICIPANTS

| Practice type | Triennial minimum requirements | | | | | Annual minimum requirements |
|---|--------------------------------|--|----------------------|---------------------|----------------------|-----------------------------|
| | CPD plan | Practice evaluation | Knowledge and skills | Emergency responses | Triennial evaluation | |
| Clinical Have contact with patients for the purpose of assessment/evaluation, diagnosis or treatment, or, where any procedures are performed. This is inclusive of FANZCA and FFPM practitioners. | Yes | 100 credits (including Two of the mandated activities) | 80 credits | Two activities | Yes | Plan plus 30 credits |
| Non-interventional Neither a) administer anaesthesia and/or sedation; nor b) work in a practice environment where it would be expected that the practitioner would be able to respond to an emergency situation (for example, a vasovagal event during an interventional pain procedure). | Yes | 100 credits (including two of the mandated activities) | 80 credits | N/A | Yes | Plan plus 30 credits |
| Non-clinical Are not involved in direct patient care. | Yes | N/A | 80 credits | N/A | Yes | Plan plus 15 credits |

Table 1: CPD requirements according to practice type

Participants who envisage difficulties in meeting the CPD requirements for their type of practice are encouraged to contact the College CPD team for advice and assistance (see section 15).

Faculty of Pain Medicine Fellows

Non-FANZCA Faculty of Pain Medicine Fellows may choose to do the CPD program of their primary college. However, all FPM Fellows must ensure their CPD meets the requirements of the [ANZCA CPD Standard](#). Therefore, FPM Fellows whose practice does not include anaesthesia, sedation and performing interventional pain procedures are not required to undertake Emergency Responses, and will only need to complete activities commensurate with the practice evaluation and knowledge and skills categories of the ANZCA CPD Standard. Fellows whose scope of practice includes interventions will need to complete the equivalent of all three categories of the ANZCA Standard. It is expected that activities completed for CPD purposes in any CPD program reflect the balance between that Fellow's scope of practice in pain medicine and their other specialty. Please also refer to Section 12 - Verification of activities completed.

ANZCA trainees completing provisional fellowship training

Provisional fellowship trainees (PFTs) are automatically enrolled in the ANZCA and FPM CPD Program from the start of their provisional fellowship training in accordance with regulation 37:

37.5.5.7.9 Provisional Fellows must enrol in the ANZCA Continuing Professional Development (CPD) Program at the commencement of their PFT, and participate in the program throughout the minimum 52 weeks training period and during any extended provisional fellowship training if applicable. Evidence of participation on a pro-rata basis will be required in order to complete the vocational training program. The pro-rata CPD requirement will be a minimum of 60 CPD credits to be achieved by the conclusion of the minimum 52 weeks PFT. Additional CPD credits on the same pro-rata basis will be required for time spent in extended training.

Participation in the ANZCA and FPM CPD Program enables trainees to prepare for the responsibilities of fellowship. Provisional fellowship trainees can claim CPD credits for the scholar role activities that they have submitted within the training portfolio system and also workplace-based assessments (WBA) that they compete as WBA assessors for more junior trainees. The CPD portfolio system has been designed to synchronise data from the training portfolio system automatically and provisional fellowship trainees just need to verify the entries in their CPD portfolio. The CPD cycle will be based on a triennium, which correlates with the start date of the trainee's provisional fellowship training.

Provisional fellowship trainees need to meet the annual pro-rata requirements of the CPD Program for the purposes of completing their anaesthesia training requirements, however, the first year of their CPD triennium includes the remainder of the calendar year. CPD cycles follow the calendar year and this flexibility reduces pressure on provisional fellowship trainees after achieving ANZCA fellowship.

Example:

Provisional fellowship training: March 1, 2016 to February 28, 2017
(Provisional fellowship trainees must achieve the pro-rata requirements of CPD during this time, that is 60 credits.)

Year 1 of CPD triennium: March 1, 2016 to December 31, 2017
Year 2 and 3 of CPD triennium: January 1, 2018 to December 31, 2019

These dates may be adjusted if the provisional fellowship trainee needs to enter extended training (PFT-E). For more information contact the College CPD team for advice and assistance.

Retired Fellows

Fully retired Fellows, or Fellows who are not maintaining their Medical Board of Australia or Medical Council of New Zealand registration, are not required to participate in the CPD Program.

Retired Fellows who are not involved in direct patient care, though work in any other capacity, are required to achieve 80 credits across the triennium through participation in knowledge and skills activities, with an annual minimum of 15 credits. They are not required to complete practice evaluation and emergency responses activities. An annual statement of participation will become available to retired Fellows upon completion of the CPD plan and the mandatory 15 credits per annum.

Fellows working part-time

Fellows in part-time and full-time practice are required to meet the same CPD requirements (refer to Table 1 for requirements by type of practice). There is no reduction in minimum requirements (annual or triennial) for those working part-time. They are expected to deliver the same standard of care and the requirements are the minimum required to demonstrate that every practitioner is keeping up to date.

Fellows residing outside Australian and New Zealand

Fellows residing outside of Australia and New Zealand who wish to maintain their medical registration with the Medical Board of Australia/AHPRA or MCNZ are required to fulfil the requirements of the [ANZCA CPD Standard](#), and may be selected as part of ANZCA's annual verification of CPD activities process.

Fellows residing outside Australia and New Zealand who are no longer maintaining their medical registration with the Medical Board of Australia/AHPRA or MCNZ, but wish to maintain ANZCA and/or FPM Fellowship, must fulfil the requirements of the relevant CPD standard in the country/countries where they practice medicine.

Non-ANZCA/non-FPM Fellows and specialist international medical graduates

The ANZCA and FPM CPD Program is open to all registered medical practitioners who choose to join the program as non-Fellows. Those in the non-Fellow category may include, for example, general practitioners who practise anaesthesia in Australia, and New Zealand general registrants with a scope of practice restricted to anaesthesia in New Zealand. Specialist International Medical Graduates (SIMG) undergoing assessment by ANZCA and/or FPM are required to enrol in the College's CPD program.

Non-Fellows are required by the regulatory authority (Medical Board of Australia or Medical Council of New Zealand) to complete the same CPD requirements as ANZCA and/or FPM Fellows that are relevant to their practice type (refer to Table 1). They receive the same access to the CPD portfolio system and other College benefits such as the services of the ANZCA Library and the learning management system Networks.

Non-Fellow participants will also be included in the random selection process for the audit of CPD activities.

For non-Fellows, an annual fee is payable in order to participate in the ANZCA and FPM CPD Program. Those participants who have joined the CPD program as part of their SIMG assessment will pay for their CPD access via their SIMG fees. An application form to register and participate is available for download via the [College website](#).

Diving and Hyperbaric Medicine practitioners

The ANZCA and FPM CPD Program is open to all diving and hyperbaric medicine (DHM) practitioners who choose to join the program; there is not a separate CPD program for DHM practitioners. DHM practitioners who hold a FANZCA or FFPMANZCA may record their DHM CPD activities as part of their anaesthesia / pain medicine CPD, provided it meets the [ANZCA CPD standard](#). Additional CPD activities specific to DHM are not required.

DHM practitioners who do not hold a FANZCA or FFPMANZCA may choose to do the CPD program of their primary college or they can join the ANZCA and FPM CPD program as a non-fellow. They receive the same access to the CPD portfolio system as fellows.

An application form to register and participate is available for download via the [College website](#).

DHM practitioners are encouraged to complete activities in all three CPD categories during each triennium. CICO and cardiac arrest emergency response activities are relevant for both DHM and anaesthesia.

DHM practitioners, including non-fellow participants, will be included in the random selection process for the audit of CPD activities.

The CPD Program follows the principle of self-directed learning (as outlined in the [ANZCA CPD Standard, section 3.2](#)). DHM practitioners who also practice in another speciality (e.g. anaesthesia) should ensure that their CPD activities reflect their balance of practice. DHM practitioners are encouraged to annotate relevant activities as DHM when logging for their own reference and to assist with audit.

5. SPECIAL CONSIDERATION

Participants who are unable to meet the minimum CPD requirements due to exceptional circumstances may apply for special consideration. The ANZCA CPD Committee chair and/or FPM CPD Officer, as relevant, will assess all such applications.

Enquiries regarding special consideration should be made as early as possible within the triennium, to provide guidance and assistance before the end of the triennium. Applications for special consideration should be made before the end of the relevant triennium.

Examples of the circumstances that may be considered are: serious illness, loss or bereavement, extended leave of absence from professional duties (e.g. parental leave and other leave).

Special consideration is considered on a case-by-case basis and, if approved, may lead to the minimum requirements being adjusted for the applicable triennium. Advice and guidance can be provided to assist with maximising credits.

Applications for a special consideration must be made in writing, or via email to cpd@anzca.edu.au, or posted to :

Chair, CPD Committee or FPM CPD Officer
c/o CPD Team
ANZCA House
630 St Kilda Road
Melbourne VIC 3004
Australia

A response from the CPD team will be sent within five working days, advising of eligibility for special consideration. All correspondence will be handled in the strictest confidence.

6. ACCRUING CPD CREDITS

Tables in this section provide a description of each activity, the number of credits accrued and the evidence required for verification of activity completion. Electronic evidence can be uploaded to the CPD portfolio system when the activity is recorded. Examples of evidence files include a PDF of a scanned document or an image of document taken by a mobile device.

While the CPD committee have endeavoured to include all relevant activities related to the professional attributes of an anaesthetist and pain medicine specialists, there may be other activities that do not fit neatly into any of the activities below. Applications for recognition of such activities must be made directly to the CPD team for consideration by the Chair of the ANZCA and FPM CPD Committee.

Category: Practice evaluation

***Participants are required to complete two of the following four Practice Evaluation activities each triennium. The same activity may be completed twice to satisfy this requirement. These activities involve direct evaluation of a participant's clinical practice.*

| | |
|---|--|
| Practice evaluation – 100 credits per triennium | <p>** Patient experience survey</p> <p>The purpose of the patient experience survey or paediatric patient/parent satisfaction surveys is to obtain feedback from patients/parents on the care they received from their anaesthetist and the anaesthesia team, or their pain medicine specialist. There are a number of developed validated surveys that assess patient/parents satisfaction, however, participants must use a survey that has been developed specifically for the specialty of anaesthesia or pain medicine (as relevant). Specialists must obtain feedback from a minimum of 15 patients/parents who represent a good cross section of patients/parents from their everyday practice.</p> <p>For an example of a patient experience survey that could be used for this activity, refer to Appendix 1A for adult anaesthesia, Appendix 1AP for paediatric anaesthesia, Appendix 1DHM for diving hyperbaric medicine and Appendix 1PM for pain medicine. For guidelines on the administration of the patient experience survey, including the collation of results refer to Appendix 2A, Appendix 2AP, Appendix 2DHM and Appendix 2PM.</p> <p>Credits: 20</p> <p>Evidence: A copy of the survey used plus a completed Patient Experience Survey Confidentiality and CPD Verification Form (refer to Appendix 3).</p> |
| | <p>** Multi-source feedback (MsF)</p> <p>The purpose of the multi-source feedback (MsF) is to guide improvement by asking colleagues and co-workers to identify attributes that can be developed further and/or addressed.</p> <p>Participants must obtain feedback from a minimum of six colleagues and co-workers with whom they work on a regular basis. For anaesthetists, it is recommended that feedback responses are sought from another anaesthetist (where possible), a surgeon, an anaesthetic assistant (nurse/technician) and a trainee (if applicable). For specialist pain medicine physicians, it is recommended that responses are sought from a range of members of the multidisciplinary team with whom the practitioner regularly works or collaborates; for those in more isolated practice, this may include referrers to the practitioner or those to whom the practitioner refers patients, for example.</p> <p>Participants may use a MsF process that is already in use within in their workplace. To be considered valid activity (for audit/verification purposes), feedback from a minimum of 15 attributes covering a range of behaviours included in the ANZCA/FPM Roles in</p> |

Practice, which describe the attributes of a specialist anaesthetist (see [Appendix 16](#)). The feedback must incorporate items on clinical work, communication, teamwork, teaching and learning and professional aspects of their role as an anaesthetist or pain medicine specialist.

An example of a MsF form that could be used for this activity is in [Appendix 4A](#), [Appendix 4DHM](#) and [Appendix 4PM](#). For guidelines on the administration of the multi-source feedback form, self-assessment and collation of the results, refer to [Appendix 5A](#), [Appendix 5DHM](#) and [Appendix 5PM](#).

Note that the specialist providing the MSF feedback can claim CPD credits in Knowledge and Skills under Review of ANZCA/FPM Fellows or trainees.

Credits: 20

Evidence: CPD Verification Form (refer to [Appendix 6](#)). A copy of the MSF form used and a completed MsF Confidentiality form is optional.

** Peer review of practice

The purpose of the peer review of practice is for a participant to consider their practice including how they may improve in their role as an anaesthetist and/or pain specialist, with the help of a trusted colleague.

Participants select a colleague to observe their practice over half a day and record observations. After the observation, the colleague uses observation notes to initiate a feedback discussion regarding various approaches to patient care. To be considered valid activity (for audit/verification), the observation form must prompt notes and discussion on a range of behaviours included in the ANZCA/FPM Roles in Practice, as relevant, and therefore, as a minimum, incorporate items on patient management, communication, team work and list or clinic/consulting rooms management.

For an example of a peer review of practice form that could be used for this activity, refer to [Appendix 7A](#), [Appendix 7DHM](#) and [Appendix 7PM](#). For guidelines on the conduct of the peer review of practice, refer to [Appendix 8A](#), [Appendix 8DHM](#) and [Appendix 8PM](#).

Credits: 20, for both recipient and reviewer

Evidence: A copy of the peer review of practice form used plus a completed Peer Review of Practice Agreement Form (refer to [Appendix 9](#)).

** Clinical audit of own practice or significant input into a group audit of practice*

Participants complete a systematic analysis of an area of practice to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted guidelines. An identified standard is used to measure current performance and outcomes are documented and discussed with a colleague. The process may be repeated on a regular basis (for example, every few years) in a cycle of continuing quality improvement. A clinical audit may involve one practitioner or a group of practitioners in single or multiple disciplines (for example, an anaesthetist and surgeon working together could jointly undertake an audit).

For resources on the conduct of the audit, refer to [Appendix 10](#) or refer to the clinical audit templates for both anaesthesia and pain medicine published on the ANZCA website [here](#).

Credits: 20

Evidence: A summary of audit results (including topic and any comparative standards) plus contact details of the colleague with whom you discussed the results.

Category: Practice evaluation (continued)

The following practice evaluation activities are all optional, with no minimum requirement.

| | |
|--|---|
| Practice evaluation - 100 credits per triennium | Morbidity/mortality meetings <p>The purpose of a morbidity and mortality meeting is to review the anaesthesia and/or pain management and to determine whether it contributed to mortality or morbidity, and how these could have been averted. There is usually a high degree of interaction and discussion, and anaesthetists and specialist pain medicine physicians involved in individual cases should be participants.</p> <p>Credits: Two credits per hour.</p> <p>Evidence: Attendance sheet, diary entry or statement from department or group or practice confirming attendance.</p> |
| | Case discussions/conferencing <p>Case discussions/conferencing presenting cases of interest at a small group discussion, either face to face or by videoconference. It is a planned discussion of at least three participants (may be multi-disciplinary) with the purpose of reviewing the management of the patient(s) and determining the best options.</p> <p>For guidelines on the conduct of case discussions/conferencing, refer to Appendix 11.</p> <p>Credits: Two credits per hour.</p> <p>Evidence: Log of discussion times and colleagues involved.</p> |
| | Report of clinical audit findings <p>Documentation of clinical audit results, including recommendations and implemented changes as a result of an audit conducted. This may also include time devoted to presentation of findings locally or more widely at a meeting or conference.</p> <p>Credits: Two credits per hour, for both participant and presenter</p> <p>Evidence: Short summary of recommendations and implemented changes, front page of report or correspondence regarding confirmation of presentation.</p> |
| | Review of patient care pathways <p>Active participation in meetings of healthcare institutions or practices with the purpose of reviewing patient care pathways and preparing action plans to address areas identified as requiring improvement.</p> <p>Credits: Two credits per hour.</p> <p>Evidence: First page of agenda or minutes or correspondence confirming meeting attendance.</p> |

Incident monitoring/reporting

Learning from both adverse events and near misses is essential for improving quality care. Preparing an incident report, considering the reasons why the incident took place and actions that can be taken if the participant is presented with a similar situation in the future, is a valuable form of practice evaluation. Participants could complete this activity through their department, hospital or practice or use a web based incident reporting system (for example [WebAIRS](#)).

Credits: Two credits per hour.

Evidence: Brief summary of reported event (paragraph), statement from department or group or entry on WebAIRS or other reporting system.

Team training scenario within own work environment, with usual work team. Should include debrief.

Involvement in a training scenario with the participant's usual theatre team (for anaesthetists). Examples include: orienting the team to new procedures, introducing a revised algorithm or reinforcing safety protocols. Such scenarios may not be lead by a department, practice or individual, but education, practice and feedback of performance as a group in a shared task with the aim of improving patient safety or care can be recorded within this activity.

Credits: Two credits per hour.

Evidence: Short summary of type of scenario and team involved or correspondence confirming participation.

Root cause analysis

Root cause analysis (RCA) is a structured method used to analyse serious adverse events. The goal of RCA is to identify both active errors (errors occurring at the point of interface between practitioners and a complex system) and latent errors (the hidden problems within health care systems that contribute to adverse events). Participants may be involved in this activity through their department, practice or hospital and credits are earned according to the time required.

Credits: Two credits per hour.

Evidence: Correspondence confirming participation in RCA, or short summary of the event and RCA including the outcome.

Hospital and simulation centre inspections/accreditation

ANZCA and FPM accredit hospitals and other training sites to provide approved training for ANZCA and FPM trainees. Involvement in a hospital inspection/accreditation team for another College, being a surveyor for the Australian Council of Healthcare Standards (ACHS), involvement in health certification in New Zealand through the Ministry of Health and being an external faculty visiting an accredited EMAC course centre can also be logged within this activity.

Credits: Two credits per hour.

Evidence: Letter of invitation/thanks, confirmation of meeting schedule, or first page of report which includes date and accreditation/visiting team.

Assessor for specialist international medical graduate workplace-based assessment/Vocational Practice Assessment (NZ) and competence reviews.

ANZCA assesses international specialists and others and advises on their suitability to practice in Australia or New Zealand. Assessment includes observation of practice, review of anaesthesia and pain management records and multi-source staff interviews and interviews with the specialist international medical graduate.

Credits: Two credits per hour.

Evidence: Letter of request or correspondence confirming participation.

Medico-legal reports/expert witness

Requests for medico-legal reports may originate from a variety of sources such as police, lawyers, government tribunals, insurance companies or the patients themselves. This activity is credited according to the time required to prepare a report and/or act as an expert witness.

Credits: Two credits per hour.

Evidence: Letter of invitation to provide a report or to act as an expert witness.

Annual performance appraisal

This is a formal structured meeting with the head of department or responsible manager to review an individual's performance. It is a requirement that the review includes: a self-assessment including consideration of outcomes; current clinical responsibilities; feedback on performance against previously agreed goals; discussion of professional development and CPD; and a plan for the following year.

Credits: Two credits per hour.

Evidence: Statement from the appraiser, containing the name of the practitioner, the date of the appraisal, and the name and role of the individual conducting the appraisal.

Category: Knowledge and skills

Participants must complete a minimum of 80 credits per triennium.

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| Knowledge and skills - 80 credits per triennium | <p>Attendance at lectures, presentations or education sessions</p> <p>Face to face scientific meetings, educational conference or online learning (including podcasts) organised/provided by ANZCA or FPM, a Special Interest Group, professional medical organisation, healthcare institution, or research/educational body.</p> <p>Credits: One credit per hour.</p> <p>Evidence: Certificate of attendance/participation/completion, official conference listing of attendees, written confirmation of registration.</p> <p>All ANZCA and FPM events participants registering through the online events process will be automatically synchronised/uploaded to the CPD portfolio system. The participant then needs to confirm credits for these to be added to their annual and triennial totals.</p> |
| | <p>Presenting at regional/national/international conferences/meetings</p> <p>Presentation of topic relevant to the participant's practice at a conference or meeting organised by a professional medical organisation, healthcare institution or educational body. Examples include plenary speaker, invited lecturer, paper/poster presentation or facilitating a problem-based learning/small group discussion session (PBLD/SGD).</p> <p>Credits: 10 credits per presentation.</p> <p>Evidence: Program, published abstract or written invitation from organising committee.</p> |
| | <p>Short course, workshops, problem-based learning discussions and small group discussions</p> <p>Small group learning which may include teaching or learning a new skill. and which has an interactive and/or hands on component For example, advanced life support (ALS) course, Emergency Management of Anaesthetic Crises (EMAC) course, the ANZCA Educators Program, Regional Anaesthesia skills course and scientific meeting workshops and problem-based learning discussion (PBLD) sessions.</p> <p>Credits: Two credits per hour.</p> <p>Evidence: Certificate of attendance and/or completion.</p> <p>All ANZCA and FPM events participants registering through the online events process will be automatically synchronised/uploaded to the CPD portfolio system. The participants then needs to confirm credits for these to be added to their annual and triennial totals.</p> |

Courses toward a formal qualification

A structured course or higher education program provided by a recognised tertiary institution, such as a university, that is directly relevant to medical practice (any one of the ANZCA/FPM Roles in Practice - See [Appendix 16](#)). Completion of the course/program leads to the award of a formal qualification such as a certificate diploma or masters. For example a masters in medical education, graduate certificate in clinical trials research, graduate diploma in medical ultrasound or masters in pain management.

Credits: Two credits per hour, maximum of 50 credits per course, to be claimed at the completion of the course.

Evidence: Certificate of enrolment, start and end date. Formal award upon completion.

Teaching including preparing and presenting tutorials

Preparation and delivery of tutorials to colleagues, to trainees as part of the ANZCA or FPM training program, to trainees of other vocational colleges, or to undergraduate or postgraduate medical students. Informal teaching, such as in theatre or pain clinic teaching and traineesupervision, is excluded from this activity.

Credits: One credit per hour, maximum of 10 credits per year.

Evidence: Teaching timetable, written invitation or program or written confirmation including duration of activity from university or institution.

Workplace-based assessment of trainees, including provision of feedback

Completion of a mini clinical evaluation exercise (mini-CEX), direct observation of procedural skills (DOPS), case-based discussion (CbD) assessment, including provision of constructive feedback to the trainee.

Credits: One credit per workplace-based assessment.

Evidence: The above assessments completed in the ANZCA training portfolio system will be automatically populated in the CPD portfolio for participants to confirm.

Review of ANZCA/FPM Fellows or trainees

Reviews completed by a supervisors of training, education officers, specialised study unit supervisors, department scholar role tutors, facilitators for MsF or feedback providers for patient experience surveys.

Credits: One credit per hour.

Evidence: Trainee or Fellows name.

Examining, including writing and marking questions

Participation as an examiner in the ANZCA primary or final examination or FPM examination, or in examinations for undergraduate or postgraduate students in medicine at a recognised tertiary institution or medical college.

Credits: One credit per hour.

Evidence: Written invitation or roster.

Journal reading

Reading of peer reviewed journals independently or as part of a journal club.

Credits: One credit per hour, maximum of 10 credits per year.

Evidence: Copy of first page of each article or reference list of read articles or schedule for journal club.

Grant proposals and trials

Principal or associate investigator of a research grant application. Enhancement of research expertise through leading or contributing to a proposal, recruitment of patients to approved clinical trials etc.

Credits: One credit per hour.

Evidence: Written confirmation of submission or involvement from research organisation, grant body or institutional ethics committee.

Reviewer, grant applications or participation on ethics committee

Formal reviewer of research grant applications for a granting body. Member of institutional ethics committee.

Credits: One credit per hour.

Evidence: Written request of involvement from research organisation, grant body or institutional ethics committee.

Publication of a manuscript in a peer reviewed journal or book chapter

Publication of scientific or educational content in a peer reviewed journal, or a book chapter in a recognised publication relevant to the participant's practice.

Credits: 10 credits per publication or chapter.

Evidence: Electronic citation, reprint of article or letter of acceptance from the journal.

Reviewer/editor of journal

Formal review of a manuscript submitted for publication in a peer-reviewed journal relevant to the participant's practice.

Editor, deputy editor or reviewer of a peer-reviewed journal.

Credits: One credit per hour.

Evidence: Written request to review manuscript.

Participation in committees, sub-committees and project groups

Active involvement and duties with regards to governance, education, training or educational development and resources, particularly in relation to anaesthesia, pain medicine or professional issues. Examples include ANZCA and FPM committees or working groups, hospital board or management committees and advisory committees involved in standards development.

Credits: One credit per hour, maximum of 10 credits per year.

Evidence: Documentation , agenda or first page of minutes of meeting confirming participation.

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| Knowledge and skills - 80 credits per triennium | <p>Hospital or practice attachments</p> <p>Extended leave of absence from normal duties taken by Fellow to broaden knowledge and skills in a particular area of practice.</p> <p>Credits: 1 credit per hour, maximum of 10 credits per year</p> <p>Evidence: Written confirmation from head of department or practice where attachment was completed.</p> |
| | <p>Overseas aid work</p> <p>The broadening of knowledge and skills via contribution to aid efforts.</p> <p>Credits: 1 credit per hour, maximum of 10 credits per year.</p> <p>Evidence: Correspondence confirming participation in overseas aid commitment.</p> |
| | <p>Cultural competency</p> <p>Participants explore culturally different expectations for clinical communication/behaviour, to develop strategies for responding effectively when expectations differ between colleagues, patients and their family members/carers. Being able to identify these diverse cultural perspectives will allow practitioners to understand medical beliefs and behaviours that relate to their own and others' cultures, and where necessary, to guide others in adapting to the Australian or New Zealand context, refer to Appendix 20.</p> <p>Credits: 1 credit per hour</p> <p>Evidence: Certificate of attendance/participation/completion, or written confirmation of course registration, or screen shot of online resources.</p> |
| | <p>Other assessment of trainees, including clinical placement and core unit reviews</p> <p>Assessments completed by a Fellow in the role of supervisor of training, education officer or specialised study unit supervisor.</p> <p>Credits: 1 credit per hour</p> <p>Evidence: Trainee's name</p> |

Category: Emergency responses

Participants must complete a minimum of two activities per triennium.

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| Emergency Responses | <p>Management of “can’t intubate, can’t oxygenate” (CICO)</p> <p>The CICO activity aims to ensure anaesthetists have appropriate training to prevent (where possible) and manage a CICO situation. This activity requires completion of an education session or course, which includes a face-to-face simulation component. Simulation in this context may mean bench top training or use of simple mannequins in a local department or hospital, not necessarily fully immersive mannequin-based simulation in a simulation centre. The workshop or course must be prospectively recognised by the ANZCA CPD team.</p> <p>Standards for education session providers refer to Appendix 12.</p> <p>International meetings may be recognised if they comply with the education standards set out in Appendix 12. Details on the process of gaining recognition can be found here.</p> <p>Evidence: Certificate of completion issued by a recognised provider.</p> |
| | <p>Management of cardiac arrest</p> <p>The cardiac arrest activity aims to ensure anaesthetists and specialist pain medicine physicians (where relevant) have appropriate training to manage a cardiac arrest. This activity requires completion of an education session or course, which includes a face-to-face simulation component. Simulation in this context may mean bench top training or use of simple mannequins in a local department, not necessarily fully immersive mannequin-based simulation in a simulation centre. The workshop or course must be prospectively recognised by the ANZCA CPD team.</p> <p>For standards for education session providers refer to Appendix 13.</p> <p>International meetings may be recognised if they comply with the education standards set out in Appendix 13, details on the process of gaining recognition can be found here.</p> <p>Evidence: Certificate of completion issued by a recognised provider.</p> |
| | <p>Management of anaphylaxis</p> <p>The anaphylaxis activity aims to ensure anaesthetists and specialist pain medicine physicians (where relevant) have appropriate regular training to prevent (where possible) and manage anaphylaxis. This activity requires completion of an education session. The session must be prospectively recognised by the ANZCA CPD team.</p> <p>Standards for education session providers refer to Appendix 14.</p> <p>International meetings may be recognised if they comply with the education standards set out in Appendix 14. Details on the process of gaining recognition can be found here.</p> <p>Evidence: Certificate of completion issued by a recognised provider.</p> |

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| Emergency Responses | <p>Management of major haemorrhage</p> <p>The major haemorrhage activity aims to ensure anaesthetists have appropriate regular training to prevent (where possible) and manage major haemorrhage. This activity requires completion of an education session, which could be face-to-face or online. The session must be prospectively recognised by the ANZCA CPD team.</p> <p>Standards for education session providers refer to Appendix 15.</p> <p>International meetings may be recognised if they comply with the education standards set out in Appendix 15, details on the process of gaining recognition can be found here.</p> <p>Evidence: Certificate of completion issued by a recognised provider.</p> |
| | <p>Management of Acute Severe Behavioural Disturbance (ASBD) in the adult patient</p> <p>The Acute Severe Behavioural Disturbance (ASBD) in the adult patient activity aims to ensure anaesthetists and specialist pain medicine physicians have appropriate regular training to prevent (where possible) and manage an ASBD situation. This activity requires completion of an education session or course. The session must be prospectively recognised by the ANZCA CPD team.</p> <p>Standards for education session providers refer to Appendix 21.</p> <p>International meetings may be recognised if they comply with the education standards set out in Appendix 21. Details on the process of gaining recognition can be found here.</p> <p>Evidence: Certificate of completion issued by a recognised provider.</p> |

Examples included in this section are intended as a guide to learning opportunities that are available to participants to accrue credit toward the CPD Program. It is not a comprehensive list.

CPD credits may only be claimed in the calendar year in which the activity was undertaken.

No credits may be carried over to the following year or triennium.

7. ANZCA/FPM ROLES IN PRACTICE

Fellows have professional roles in common with other medical specialties and they are expressed in the ANZCA competency-based curriculum framework as medical expert, communicator, collaborator, leader and manager, health advocate, scholar and professional. In the FPM competence-based curriculum framework they are expressed as clinician, professional, scholar, communicator, collaborator, leader and manager and health advocate. Learning outcomes within each role are specific to the practice of anaesthesia and pain medicine, respectively.

The ANZCA and FPM CPD Program has been developed with the ANZCA/FPM Roles in Practice in mind. Each role is featured in categories within the CPD Program and Fellows are encouraged to select activities and development of capability across the full spectrum of roles.

For more information on how various CPD activities are mapped to the ANZCA/FPM Roles in Practice, refer to [Appendix 16](#).

8. CPD PORTFOLIO SYSTEM

The CPD portfolio system includes functionality to ensure a streamlined process for recording activities, with the added ability to upload supporting evidence. It is also possible to record data in to the system when offline, for example while travelling on a plane or other situations without internet access.

When a participant registers online for an ANZCA or FPM-run event via the ANZCA or FPM website, credits will be automatically entered into the participant's portfolio after the event has concluded to be later confirmed or edited (by the participant). If assessments are completed on trainees and logged in the ANZCA training portfolio system (TPS), credits will be automatically entered into the participant's portfolio for later confirmation or editing. ANZCA Provisional Fellows can also select activities submitted in the TPS within the CPD portfolio system quickly and easily to avoid the need to enter activities twice.

The interface of the system has been carefully designed with ANZCA and FPM Fellow input. Resources, tools and helpful information is embedded in the interface so it can be viewed well on computers and mobile devices. The dashboard enables participants to keep track of how they are progressing in each of the CPD categories throughout their triennium.

If a participant has completed a previous CPD triennium, all of this information, including the plan, evaluation and previously earned statements and certificates, will be available through the new system.

Participants will be able to access the new CPD portfolio system via the ANZCA website, using their College ID number and password.

Participants are encouraged to progressively upload evidence onto their portfolio. This greatly reduces the time spent preparing evidence, if selected for the annual verification of CPD activities process. The College acknowledges that some practitioners are unfamiliar with the process of "uploading evidence" and other technology. Such practitioners are encouraged to seek advice and assistance from colleagues or the ANZCA CPD staff.

9. CPD PLAN AND EVALUATION

Please note: The CPD portfolio will only register each of the Plan and Evaluation respectively as “complete” when details have been entered into ALL relevant sections.

CPD plan

The following steps will need to be completed when developing the CPD plan:

- Step 1 Practice evaluation – select activities you will be involved in and when you might be able to complete them.
- Step 2 Identify knowledge and skills you wish to improve, learn or develop.
- Step 3 Knowledge and skills – select activity options (and possible timeframes).
- Step 4 Emergency responses – select activities you will complete.

The CPD plan must be completed via the CPD portfolio system to receive annual statements of participation and a triennial certificate of compliance.

For more information on each step of the CPD plan, including examples of broad areas that may be considered when identifying knowledge and skills to learn about or develop further, refer to [Appendix 17](#).

CPD evaluation

The ANZCA and FPM CPD Program requires participants to complete a brief evaluation of their program at the end of the triennium. The following questions will need to be addressed when completing the Triennial evaluation:

Which activities were most valuable?

Which activities did I enjoy participating in the most?

Have any other learning needs been highlighted/identified?

Is there a specific area of practice I should plan to address in my next CPD cycle?

Should I complete similar or different practice evaluation activities next time?

What new learning methods should I aim to try or be involved in next time?

Completion of the evaluation in the CPD portfolio system is required to obtain a certificate of compliance. For more information, refer to [Appendix 18](#).

10. QUALIFIED PRIVILEGE (QP) AND PROTECTED QUALITY ASSURANCE ACTIVITIES (PQAA)

Collecting information about patients has important privacy implications under relevant laws and recording personal information about achievements has implications for participants.

For patient experience surveys, multi-source feedback, and peer review of practice, the focus of the revised CPD standard is on the educational outcomes of the activities and how participants review feedback to improve their practice. For these activities, the evidence required by the College at times of annual verification relates to (refer to Section 12 – Verification of completed activities):

- Providing the blank patient experience survey form or multi-source feedback form if the form used is not the ANZCA form and/or,
- Providing the relevant CPD verification form.

In collecting and using any information, it is the participant's responsibility to ensure that all privacy obligations are met, and any necessary consent is obtained. Participants must ensure that their hospital/private practice privacy statement is followed and that the patient has consented as per the hospital or private practice policy.

Australia

In early 2017, ANZCA submitted a new application to the federal Department of Health for Qualified Privilege (QP) of the CPD Program as a quality assurance activity. The following four Practice evaluation activities are protected by the Commonwealth Qualified Privilege Scheme:

- Patient experience survey,
- Multi-source feedback,
- Peer review of practice,
- Clinical audit of own practice or significant input into group audit of practice.

Please note that other Practice Evaluation activities and the entire Emergency Response category are no longer covered under QP.

The new QP cover reflects a tightening of the regulations around granting such cover at the Department of Health.

Full details of the Declaration and explanatory statement can be found [here](#).

If you have any questions about what you can upload as evidence of your CPD activities, please contact the CPD Team on +61 3 9510 6299 or at CPD@anzca.edu.au for assistance.

New Zealand

Participants in New Zealand should be aware that under section 54 of the Health Practitioner Competence Assurance Act 2003, the Minister of Health can grant protection of a quality assurance activity. The Practice Evaluation and Emergency responses categories of the CPD program are registered as a Protected Quality Assurance Activity (PQAA).

Further information

Fact sheets on qualified privilege and protected quality assurance activities are available from the relevant authorities through the links provided below:

Australia: [Commonwealth Qualified Privilege Scheme information](#)
New Zealand: [Protected Quality Assurance Activities under the Health Practitioners Competence Assurance Act 2003](#)

11. PARTICIPATION IN ALTERNATIVE PROGRAMS

ANZCA Fellows

ANZCA Fellows practicing in Australia may participate in any CPD program, including a self-directed CPD program, provided that CPD activities undertaken comply with the [ANZCA CPD Standard](#).

With regards to anaesthesia, the ANZCA and FPM CPD Program is the only program recognised by the Medical Council of New Zealand for the purposes of specialist registration.

FPM Fellows

FPM Fellows who are not also ANZCA Fellows may be required to enrol in the CPD program of their other college, as reciprocity of CPD recognition is not automatically guaranteed by participation in the ANZCA and FPM CPD program. In this case, the FPM Fellow must be familiar with the ANZCA/FPM standard and, if audited, must provide evidence of having met the standard in all relevant areas.

For some Fellows full compliance with the requirements of their alternate CPD program may not meet the ANZCA/FPM standard. For example, some colleges do not require Practice Evaluation activities. It is each Fellow's responsibility to ensure that they meet the requirements of the standard of each specialty in which they practise.

Dual FANZCA/CICM Fellows

In order to maintain ANZCA Fellowship, dual CICM/ANZCA Fellows who practise solely intensive care medicine, are only required to achieve the CICM CPD Standard.

However, ANZCA does not recognise the CICM CPD standard/program as satisfying the requirements of the [ANZCA CPD standard](#) for anaesthesia. Thus, in order to maintain ANZCA Fellowship, dual CICM/ANZCA Fellows who practise anaesthesia are required to meet the ANZCA standard as well as the CICM one.

Practising overseas

ANZCA or FPM Fellows practising outside of Australia or New Zealand are not required to comply with the ANZCA standard and should ensure that they meet the relevant CPD requirements of their local jurisdiction. Fellows who wish to remain registered with the Medical Board of Australia/AHPRA while practising overseas must comply with the ANZCA Standard. Upon returning to Australia or New Zealand all ANZCA and FPM Fellows will be required to comply with the ANZCA standard of CPD and will be eligible to be selected for verification of CPD activities.

DHM practitioners

DHM practitioners who are not ANZCA or FPM Fellows may be required to enrol in the CPD program of their specialty college, as reciprocity of CPD recognition is not automatically guaranteed by participation in the ANZCA and FPM CPD program.

For some practitioners, full compliance with the requirements of their specialty college's CPD program may not meet the [ANZCA CPD standard](#). For example, some colleges do not require emergency response activities. It is each practitioner's responsibility to ensure that their CPD encompasses their full scope of practice.

Regulatory authorities

From time to time, regulatory authorities (that is the Medical Board of Australia or Medical Council of New Zealand) approach the College to enquire about a participant's CPD participation. For a Fellow who is participating in an alternate CPD program or a self-directed CPD program (in Australia), and who has not been subjected to a verification of CPD activities process, the College will have no information on the individual's participation or CPD compliance and will thus advise the regulatory body of this fact.

Upon enquiry, regulatory authorities may be advised that a Fellow is compliant with CPD if they meet the minimum annual requirements.

12. ANNUAL AND TRIENNIAL CERTIFICATES

Annual statement of participation

This statement can be used when the participant needs to demonstrate he or she is actively enrolled in an accredited CPD program.

The statement will only be generated from a participant's CPD portfolio when the CPD plan and the minimum annual requirement of 30 credits have been completed. Once available, this statement can be reproduced at the participant's convenience throughout the duration of his or her triennium. Participants can also email their statements to themselves or a third party directly from the CPD portfolio.

Triennial certificate of compliance

A triennial certificate of compliance will be generated from a participant's CPD portfolio system upon completion of:

1. The CPD plan.
2. An evaluation of the plan and CPD achievement across the triennium.
3. A minimum of 30 credits per annum.
4. A minimum of 100 credits, and completion of two ** highlighted activities in practice evaluation.
5. A minimum of 80 credits in knowledge and skills.
6. A minimum of two activities in emergency responses (if these activities are applicable to the participant's type of practice – refer to the CPD requirements for various participants table in Section 4).

The certificate of compliance will be available from a participant's CPD portfolio after September in the final year of the participant's triennium once all of their triennial and annual requirements have been met. Participants who have been selected for inclusion in the verification process at the end of their triennium will be able to obtain their certificate of compliance after completion of the verification process.

13. VERIFICATION OF COMPLETED ACTIVITIES

It is a requirement of the Australian Medical Council/Medical Board of Australia and Medical Council of New Zealand accreditation of the CPD program that there is a random audit process for participants.

A minimum of seven per cent of all Fellows and ANZCA and FPM CPD Program participants will be randomly selected to have their activity records verified each year. In addition, seven per cent of FPM Fellows will also be randomly selected for verification. The annual verification of CPD activities will include participants in all three years of the triennium.

Participants will be notified from September of the relevant year if their records will be subject to verification. From this notification, participants will then have until December 31 of that year to update their portfolio with any completed CPD activities. Documentary evidence to substantiate the CPD activities that have been recorded may be directly uploaded into the portfolio or submitted by email or via post.

The verification will begin in January of the following year and will continue for approximately three months, after which participants will be notified that either:

- The verification process is complete and the evidence provided has confirmed the recorded CPD; or
- Clarification of evidence submitted or further documentary evidence is required to complete the verification process.

The ANZCA CPD portfolio system enables participants to upload evidence as activities are completed and to automatically select ANZCA/FPM events or assessments completed in the ANZCA training portfolio system. Thus, the process of verification is relatively straightforward for most participants. Participants are encouraged to upload evidence for non-ANZCA events and activities as they go so that the evidence is already in their CPD portfolio, readily facilitating audit (see Evidence, below).

Evidence

ANZCA/FPM events registered for through the online events process, or workplace-based assessments logged in the ANZCA training portfolio system, will be automatically populated in to the CPD portfolio system. Participants will still be required to manually verify the activity in order for the credits to count towards their totals. These ANZCA/FPM events require no additional evidence for verification.

Where a participant uploads evidence at the time of recording the CPD activity, the verification process will not require additional evidence, unless the evidence provided does not substantiate the record and more information is specifically requested.

For other CPD activities, evidence can be uploaded to the CPD portfolio or sent to the CPD team via email or hard copy when participants are notified of their inclusion in the verification process.

All CPD records/evidence must be kept for three years, in line with the requirements of the [Medical Board of Australia's Continuing Professional Development registration standard](#). The Medical Council of New Zealand is silent on this and therefore it is recommended that records are kept for a minimum of three years.

Participants in alternative CPD programs

All Fellows of ANZCA and / or FPM practising in Australia and / or New Zealand may be randomly selected for the annual verification of CPD activities process, regardless of which CPD program (or self-directed program in Australia) they are completing.

ANZCA/FPM Fellows participating in alternative CPD programs or in self-directed programs (in Australia) are required by law to meet the requirements of the ANZCA/FPM [CPD standard](#) and will be included in the random selection for annual verification. Evidence, as detailed for each activity in Section 5 - Accruing CPD credits, must be provided to verify the completion of all relevant activities. This includes copies of certificates of completion, letters of invitation and confirmation etc.

Privacy

All correspondence and evidence provided to ANZCA as part of the audit process will be treated confidentially in line with [ANZCA's Privacy Policy](#).

For a detailed explanation of the verification process, please refer to [Appendix 19](#).

14. IMPORTANT DATES

All triennia commence on January 1 and last for three calendar years (concluding on December 31).

Participants are encouraged to keep their CPD portfolio up to date as of December 31 each year to ensure availability of annual statements of participation and to streamline the verification process should this be required.

15. HELP AND SUPPORT FROM THE CPD TEAM

If you require help or support with any aspect of the ANZCA/FPM CPD Program, please contact the CPD team at cpd@anzca.edu.au or on +61 3 9510 6299. Face to face appointments with the staff from the CPD team are also available at ANZCA House. A CPD team staff member will also be available to assist you in person at each ANZCA/FPM Annual Scientific Meeting.