



**ANZCA**  
FPM

# Continuing Professional Development Program Handbook

**January 2026**

AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS  
& FACULTY OF PAIN MEDICINE

*ANZCA acknowledges the traditional custodians of country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present and emerging.*

*ANZCA acknowledges and respects ngā iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Treaty of Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.*

*ANZCA recognises the special relationship between the Pacific peoples of New Zealand, Australia and the Pacific, and is committed to supporting those fellows and trainees of ANZCA and improving the health of Pacific peoples.*

2026 ANZCA and FPM CPD Program Handbook

Published in 2023 by:  
Australian and New Zealand College of Anaesthetists (ANZCA)  
630 St Kilda Road  
Melbourne  
VIC 3004

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To ensure that users have access to the latest version of the 2026 ANZCA and FPM CPD Program Handbook, the version (and version date) of the document appears within. There will be periodic updates to this document so please consider this if printing or downloading the document. The college only provides this document online and not in print.

## **Welcome to the ANZCA and FPM Continuing Professional Development Program**

The Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) require that each registered medical practitioner undertakes continuing professional development (CPD) relevant to their scope of practice. CPD must also meet specific regulatory requirements. The ANZCA and FPM CPD Program is accredited by the MBA/Australian Medical Council (AMC) and the MCNZ as meeting all regulatory requirements.

In Australia, the MBA requires all registered practitioners to register with a CPD Home. The college is accredited as a CPD Home. Our high quality CPD program and activities are specifically developed by and for anaesthetists and specialist pain medicine physicians. The experienced CPD team and knowledgeable fellows provide excellent individualised guidance and support, so you meet registration requirements.

CPD drives clinical excellence by supporting your performance in our increasingly complex healthcare environments. CPD activities further develop and maintain your knowledge, skills, and professional attributes, including in providing culturally safe and responsive healthcare. The program is designed for a range of disciplines - anaesthesia, pain medicine, perioperative medicine, diving and hyperbaric medicine, rural generalist anaesthesia and related specialties. We provide guidance for specific contexts - direct patient care, clinical support roles, practice without direct patient care, private practice, part-time practice, practice interruptions, ANZCA provisional fellows and specialist international medical graduates (SIMGs).

The ANZCA and FPM CPD Committee oversees the CPD program structure and operations, with members from both Australia and New Zealand, different career stages, and public, private and mixed practice. The annual program is continuously updated to reflect both revised regulatory requirements and participant needs. It is user-friendly and feasible to complete with a diverse selection of activities relevant to your practice. The convenience of the online CPD portfolio, and the new CPD app in 2024 allows for quick and easy data entry, auto-population of college events/activities, plus readily available evidence if you are audited by the MBA/MCNZ. Likewise, college verification (audit) is streamlined and seamless.

Over more than two decades, numerous fellows and other CPD participants have received practical advice from committee members and the CPD team via phone or email. If you need it, help is only a call or email away. If you're unclear about your CPD and can't find the answer on the college website, we will support you – 03 9510 6299 or [cpd@anzca.edu.au](mailto:cpd@anzca.edu.au).

**Dr Debra Devonshire FANZCA**  
**Chair, ANZCA and FPM CPD Committee**

### **Statement of purpose**

The purpose of CPD is maintaining and advancing your knowledge, skills, and professional behaviours so you provide the highest standards of patient care throughout your working life. This is achieved through lifelong practice evaluation, learning with peers, and educational activities targeted to your individual needs.

It is also important to demonstrate CPD compliance to external parties, including the medical board/council (regulatory authorities), hospitals (for credentialing), government, patients, and communities. Participation in the ANZCA and FPM CPD Program provides you with annual statements of participation and certificates of compliance. Without such evidence, employment, clinical privileges, and medical registration may be at risk.

## How to use this handbook

This handbook is presented in five sections, each linked from the [table of contents](#):

### **1. *What CPD is required by the medical board/council for me to practise as a doctor?***

Lists requirements in Australia, New Zealand, if you practice exclusively outside these countries and what to do if audited by a regulatory body.

### **2. *What do I need to do in the annual CPD program?***

Outlines CPD requirements for your specialty and circumstances (like retirement, part-time or interrupted practice) and how to apply for an exemption or variation, or become a recognised emergency response provider.

### **3. *CPD activity guide***

This is the 'go to' reference with:

- A summary table of activities across all three CPD categories: Category 1 Practice evaluation (divided into reviewing performance and measuring outcomes), Category 2 Knowledge & skills and Category 3 Emergency response.
- Activity summaries, colour-coded by category, that link to specific guidelines and forms.

Please note [Category 2 Knowledge & skills activities](#) are described only in the CPD activity guide (except wellbeing education activities, which have a guideline). Each is tabulated with a description, examples, further information and portfolio evidence required.

### **4. *Recording and managing your CPD***

Covers practical aspects of the program like the electronic portfolio, compliance certificates and verification (audit).

### **5. *Guidelines and forms***

These are the 'how to' details for each CPD activity.

[Category 1 Practice evaluation activities](#) are summarised in the activity guide (section 3). Many activities also have a more detailed guideline (linked from handbook sections 3 and 5) describing the activity, how to complete it and how to record it. Some also include examples, optional related activities and supporting resources.

Many Practice evaluation guidelines have associated forms (tools), summary forms, self-assessment forms, templates and confidentiality and CPD verification forms.

Each guideline includes handy symbols indicating whether the activity is an individual activity, a paired activity (with a colleague) or a group activity (requiring a group of colleagues).

[Category 3 Emergency response activities](#) each have a guideline which provide information for CPD participants on how to complete the activity, and for hospitals, private practice groups and other course providers to develop and conduct emergency response education sessions.

Support documents and toolkits also have more detailed guidance for specific circumstances (like private practice, practice without direct patient care/clinical support roles).

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## Section 1: What CPD is required by the medical board/ council for me to practise as a doctor?

### Registration in Australia

The MBA [CPD registration standard](#) sets out minimum CPD requirements for all registered medical practitioners. To be registered and practice in Australia, each year you must:

- Develop a **CPD plan**.
- Complete **50 hours of CPD** relevant to your scope of practice<sup>1</sup> and professional development needs, including:
  - At least 12.5 hours of educational activities (knowledge & skills).
  - At least **25 hours of practice evaluation** (with a minimum of five hours reviewing performance and five hours measuring outcomes).
  - One cultural safety activity (under reviewing performance)
- A CPD activity (or CPD activities) covering each of the following domains—Addressing health inequities (A), Professionalism (P) and Ethical practice (E). The activity (or activities) can be completed and attributed to hours in either category 1 or category 2.
  - **12.5 hours** free choice of activities.
- Undertake a CPD evaluation.
- **Keep records for three years** after the end of each annual cycle (the ANZCA and FPM CPD Program does this automatically for you).

In Australia, registered specialist anaesthetists and specialist pain medicine physicians must:

- Meet the requirements of **an accredited CPD Home** (or there may be consequences for your registration<sup>2</sup>).
- Also meet the MBA-approved [specialist high-level CPD requirements](#) (table 1).

*Table 1: MBA specialist high-level CPD requirements for specialist anaesthetists and specialist pain medicine physicians*

Speciality	Specialist high-level CPD requirements
Specialist anaesthetists	<ul style="list-style-type: none"> <li>• At least one emergency response activity per year</li> <li>• At least one of the following activities per year – structured patient survey, multi-source feedback, peer review, clinical audit</li> </ul>
Specialist pain medicine physicians	<ul style="list-style-type: none"> <li>• At least one emergency response activity per year</li> <li>• At least one of the following activities per year – structured patient survey, multi-source feedback, peer review, clinical audit</li> </ul>

<sup>1</sup> **MBA definition of scope of practice:** 'The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform'. See MBA [Registration standard: Continuing professional development](#).

<sup>2</sup> See MBA [Registration standard: Specialist registration](#) and [Registration standard: Continuing professional development](#) for more details.

*Please note the ANZCA and FPM CPD Program does not mandate the above activities for fellows and other CPD participants who exclusively practice without direct patient care.*

On annual MBA registration you must declare that you have met the CPD registration standard. The MBA/Australian Health Practitioner Registration Agency (AHPRA) may audit compliance. Failure to comply is a breach of legal requirements for medical registration.

If you are audited by the MBA/AHPRA, this process is streamlined by participation in the ANZCA and FPM program.

Fortunately, the college is accredited as a CPD Home and our program allows you to meet registration requirements and deliver safe and high-quality care for your patients. The college also monitors MBA requirements and updates the CPD program to stay abreast of changing requirements.

## Recertification in New Zealand

If you are a vocationally-registered doctor in New Zealand, the **MCNZ** annual [recertification requirements](#) include:

- A professional development plan.
- A **structured conversation** at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans.
- A mix of activities in three categories – reviewing and reflecting on practice, measuring and improving outcomes, and educational activities. These map to *Category 1 Practice evaluation* and *Category 2 Knowledge and skills* within the ANZCA and FPM CPD Program.
- Cultural safety and health equity embedded across all three CPD categories.

The ANZCA and FPM CPD Program allows you to meet all these requirements and is recognised as the recertification program for the vocational scopes of anaesthesia and pain medicine in New Zealand.

## What if I am audited by the MBA/AHPRA or MCNZ?

The MBA may audit registered medical practitioners to ensure that they are doing the required annual CPD. If you are audited by the MBA/AHPRA, this process is streamlined by participation in the college program. By successfully completing the ANZCA and FPM CPD Program you both meet requirements and have a complete record in your online CPD portfolio that simplifies the process should you be audited.

The MBA/AMC requires that the college reports CPD compliance of fellows and other CPD participants to the medical board within six months of each year's end.

The MCNZ also requires that colleges (and other approved providers) notify them of any New Zealand fellows or other CPD participants who are non-compliant with CPD requirements.

## If you practise exclusively outside Australia and New Zealand

Your requirements depend upon whether you plan to retain your MBA or MCNZ registration:

- **To retain your MBA registration**, you must ensure you meet the MBA [CPD registration standard](#) and the [specialist high-level CPD requirements](#) for the specialties in which you are registered. You may do this either by participating in the ANZCA and FPM CPD Program or by completing the same requirements within an overseas CPD program (plus any additional MBA requirements not covered by that program). You may be audited in the ANZCA and FPM CPD Program as part of the [annual verification process](#).



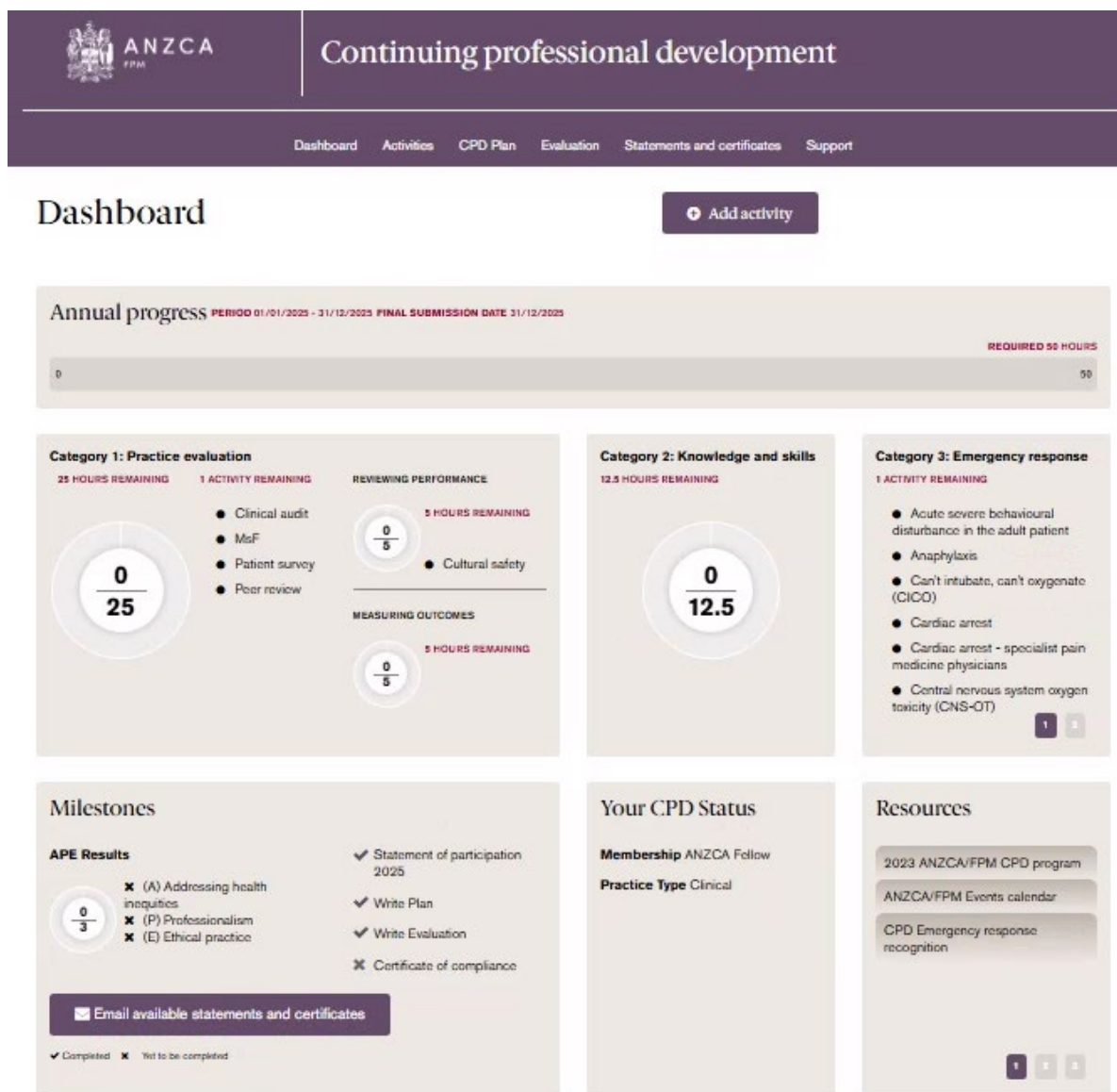
- **To retain your MCNZ registration**, you must meet all requirements of the [ANZCA and FPM CPD Standard](#). You may do this either by participating in the ANZCA and FPM CPD Program or by completing the same requirements within an overseas CPD program (plus any additional ANZCA and FPM requirements not covered by that program). You may be audited in the ANZCA and FPM CPD Program as part of the [annual verification process](#).
- If you don't have MBA or MCNZ registration but want to maintain your college membership (FANZCA and/or FFPMANZCA), the college requires that you meet the CPD standard in the country or countries in which you practise medicine.

## Section 2: What CPD do I need to do in the annual CPD program?

### If you practise anaesthesia

All CPD requirements are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy). Requirements are slightly different for those who [practice without direct patient care](#).

Figure 1: CPD requirements (clinical practice type)



The program runs on an annual calendar cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- At least 50 hours of CPD activities per year, including:
  - At least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes.

- At least 12.5 hours per year in knowledge & skills (category 2).
- An additional 12.5 hours of activities in any category.
- One of the four mandatory practice evaluation activities each year (patient experience survey, multi-source feedback, peer review or clinical audit), if you complete CPD under the clinical practice type.
- One cultural safety activity each year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- A CPD activity (or CPD activities) covering each of the following domains—Addressing Health Inequities (A), Professionalism (P) and Ethical Practice (E). The activity (or activities) can be completed and attributed to hours in either category 1 or category 2.
- One emergency response activity per year, with hours taken to complete this activity claimed under *Category 2 Knowledge & skills*.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

## If you are a trainee

### *CPD requirements*

If you are an **ANZCA or FPM trainee**, you meet the MBA CPD requirements by participating in your training program. A trainee who is in Interrupted Training for a period of greater than six months and requires medical registration will need to complete CPD.

FPM trainees who already have a primary specialist qualification must meet the CPD registration standard /recertification program for their other speciality/vocational scope of practice with a CPD home for their primary specialist qualification (and relevant [specialist high-level CPD requirements](#)).

### *CPD portfolio*

As a trainee, you will not be enrolled in the online ANZCA and FPM CPD portfolio or CPD app. Trainees on interrupted who are required to complete CPD, but contact the CPD team to gain access to the CPD portfolio and CPD app. As trainees in interruption are paying a training maintenance fee, there is no fee associated with access to the CPD portfolio or CPD app.

## If you are an ANZCA provisional fellow

### *CPD requirements*

The ANZCA training program requires that [provisional fellows](#) complete CPD for familiarity and a smoother transition to specialist practice. Participation in the ANZCA and FPM CPD Program is a training requirement. This is because the program prepares you for specialist

practice, smoothing your transition to being a specialist anaesthetist (FANZCA) by ensuring you are familiar with the program for when you graduate.

As a provisional fellow, you need to complete at least 50 hours of CPD per 52 weeks of provisional fellowship training (PFT). You choose which activities you record to make up these hours. This may include CPD activities for parts of your training that don't involve direct patient care. See [If you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

### *CPD portfolio*

As a provisional fellow, you'll automatically be enrolled in the online ANZCA and FPM CPD portfolio, which is linked to the ANZCA training portfolio system (TPS). Some of the activities you complete for your PFT training (for example scholar role activities) will auto-populate from the TPS to the CPD portfolio. However, some activities will require manual entry. Please see the [CPD for provisional fellowship trainees – support document](#) for more information on CPD requirements and the CPD portfolio.

### *Completion of training*

All CPD hours you complete during your time as a provisional fellow will go towards your first CPD year as a FANZCA. For example, if you're a provisional fellow from 6 February 2023 to 4 February 2024, all CPD hours you record during this time will count towards your first annual CPD cycle, which will run from 5 February 2024 to 31 December 2024. These dates may be adjusted if you enter extended training (PFT-E). For more information, please contact the [CPD team](#).

On completion of training, you will be automatically and seamlessly transitioned to being a fellow participant in the ANZCA and FPM CPD Program. This provides ongoing access to services such as the [ANZCA Library](#) and other resources to support your CPD. Please see the [annual CPD requirements for anaesthetists](#) for information on the requirements once you become a FANZCA. If you are a dual fellow, see information for [If you practise pain medicine](#).

## **If you are a specialist international medical graduate**

### *CPD requirements*

In general, your requirements are the same as for other participants in the annual ANZCA and FPM CPD Program – see the relevant sections if you practise [anaesthesia](#), [pain medicine](#), [pain medicine and anaesthesia](#), [pain medicine and another \(non-anaesthesia\) specialty](#) or [pain medicine and are endorsed under the Procedures Endorsement Program](#).

Your CPD requirements are the same whether you are completing your specialist international medical graduate (SIMG) assessment full-time or [part-time](#).

You may undertake CPD activities for parts of your SIMG assessment that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

### *Admission to Fellowship*

Upon being admitted to FANZCA and/or FFPMANZCA you'll be automatically and seamlessly transitioned to being a fellow participant in the ANZCA and FPM CPD Program. This includes ongoing access to services such as the [ANZCA Library](#) and other resources to assist you with your CPD. As the annual CPD requirements during SIMG assessment are the same as for fellows, a mid-year transition to fellowship will be seamless in terms of remaining requirements for that year.

## If you practise rural generalist anaesthesia

As a non-fellow whose scope of practice includes anaesthesia and/or pain medicine, the college welcomes your participation in the ANZCA and FPM CPD Program. Our participants include **rural generalist anaesthetists**, **general practitioner anaesthetists**, and **MCNZ general registrants** with a scope of practice restricted to anaesthesia.

### CPD resources and support

You'll be provided with access to the same learning resources and support as other CPD participants, including our excellent [library](#) and [Learn@ANZCA](#), the college learning management system, which includes many top-quality resources. A password for these is provided on CPD program registration.

### CPD requirements

Your CPD requirements are the same as other participants who practice [anaesthesia](#) and/or [pain medicine](#). You may be included in the college's annual verification (audit) process. Our online CPD portfolio makes this process seamless.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

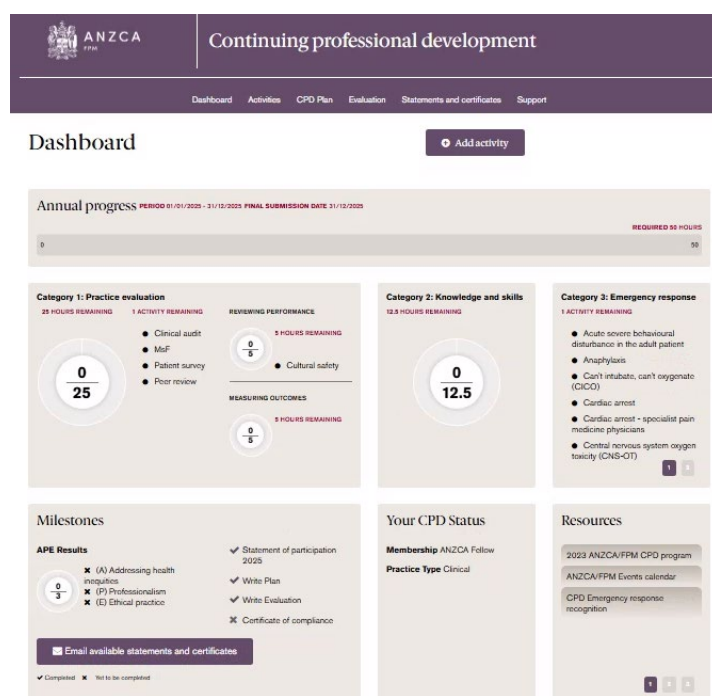
### Enrolment

Enrolment in the program is easy – just email a completed [application form](#) and supporting documentation to the CPD team. Fees for participation are included on the form. These cover the costs of delivering a high-quality program and service, including your access to the library and Learn@ANZCA resources.

## If you practise pain medicine

All CPD requirements are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy). Requirements are slightly different for those who practice [without direct patient care](#).

Figure 2: CPD requirements (clinical practice type)



The program runs on an annual calendar cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- At least 50 hours of CPD activities per year, including:
  - At least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes.
  - At least 12.5 hours per year of knowledge & skills (category 2).
  - An additional 12.5 hours of activities in any category.
- One of the four mandatory practice evaluation activities each year (patient experience survey, multi-source feedback, peer review or clinical audit), if you complete CPD under the clinical practice type.
- One cultural safety activity each year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- A CPD activity (or CPD activities) covering each of the following domains – Addressing health inequities (A), Professionalism (P), and Ethical Practice (E). These activities can be completed and attributed to hours in either category 1 or category 2.
- One emergency response activity per year relevant to your scope of practice, with hours taken to complete this activity claimed under *Category 2 Knowledge and skills*.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

## **If you practise pain medicine and anaesthesia**

**In Australia**, the MBA requires you to meet the [CPD registration standard](#) for each of your specialties and/or scopes of practice. The ANZCA and FPM CPD Program allows you to seamlessly meet the requirements for both specialties. You just need to ensure a mix of activities that meets your professional development needs across both specialties within your scopes of practice.

**In New Zealand**, the MCNZ requires that you participate in the recertification program offered by the medical colleges or other approved recertification providers responsible for both of your vocational scopes of practice. The ANZCA and FPM CPD Program allows you to seamlessly meet the requirements for both specialties. You just need to ensure a mix of activities that meets your professional development needs across both specialties within your scopes of practice.

## **If you practise pain medicine and another (non-anaesthesia) specialty**

**In Australia**, the MBA requires you to meet the [CPD registration standard](#) for each of your specialties and/or scopes of practice. The ANZCA and FPM CPD Program has been



specifically designed to meet the needs of specialist pain medicine physicians. You'll also need to check with the college responsible for any additional specialty you practice to understand their CPD standard and requirements.

The [ANZCA and FPM CPD Standard](#) allows you to do either the ANZCA and FPM CPD Program or choose the CPD program of another college/CPD Home. If you do your CPD with another college/CPD Home, you must meet the MBA-approved [specialist high-level CPD requirements](#) for all specialties in which you are registered.

**In New Zealand**, the MCNZ requires that you participate in the recertification program offered by the medical college (or other approved recertification provider) responsible for each of your vocational scopes of practice. The ANZCA and FPM CPD Program is recognised as the recertification program for the vocational scopes of pain medicine and anaesthesia. Please check the [MCNZ website](#) for the recognised recertification program provider for your other vocational scope(s) of practice.

## **If you practise pain medicine and are endorsed under the Procedures Endorsement Program**

The program runs on an annual cycle (from 1 January to 31 December). As a specialist pain medicine physician endorsed under the Procedures Endorsement Program in Australia and New Zealand, you need to:

- Complete a plan at the beginning and evaluation at the end of each year.
- Complete at least 50 hours of CPD activities per year.
- Ensure your CPD activities are a balance of core activities relating to the sociopsychobiomedical framework of pain medicine, alongside specific procedures-related activities.
- Complete at least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes. A minimum of 12.5 hours of your practice evaluation activities must relate to procedures in pain medicine. Endorsed fellows are strongly encouraged to undertake a clinical audit on a regular basis.
- Complete one cultural safety activity each year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- Complete a CPD activity (or CPD activities) covering each of the following domains– Addressing health inequities (A), Professionalism (P), Ethical Practice (E). These activities can be completed and attributed to hours in either category 1 or category 2.
- Complete at least 12.5 hours per year of knowledge & skills (category 2). A minimum of four hours of your annual knowledge and skills activities must relate to procedures in pain medicine, with no more than three hours accrued at industry events.
- Undertake one emergency response activity per year, relevant to your scope of practice in pain medicine.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

## **If you have clinical support roles**

Whilst there are no mandatory CPD requirements for clinical support roles, the ANZCA and FPM CPD Program is designed for continuous improvement for your work in these roles, given how crucial they are to patient care. This includes CPD activities that address research, medical education, clinical leadership and medical management, and other areas that use your medical expertise (like medico-legal, regulatory and policy work).

Good resources for planning your CPD for your clinical support roles include:

1. The [Practice without direct patient care toolkit](#) (particularly 5. Planning your CPD, Table 2. Classification of CPD activities, Table 3. Examples of CPD activities which can be completed without an institutional attachment, and 6.7 Can I use tools developed by other organisations?)
2. The [CPD for clinical support roles library guide](#) which provides guidance in five areas – support across work roles, research, medical education, clinical leadership & medical management, and other expertise.
3. [The CPD activity guide](#) which summarises activities including with examples, links to forms and evidence required.

## **If you practise without direct patient care**

### *Resources and support*

The ANZCA and FPM CPD Program supports those who practice without direct patient care. As part of the 2021-2023 CPD review project, the college convened a reference group of fellows practising without direct patient care across diverse settings. This included those working in research, medical education, clinical leadership and medical management, and other areas that use medical expertise (like medico-legal, regulatory and policy work).

Outcomes were tailored resources for planning your CPD when you practice without direct patient care, including:

1. The [Practice without direct patient care toolkit](#) - includes guidance on regulatory requirements, working out whether you meet the definition of 'practice without direct patient care', CPD planning, requirements and how you might meet them (especially for *Category 1 Practice evaluation*).
2. The [CPD for clinical support roles library guide](#) - provides guidance in five areas – support across work roles, research, medical education, clinical leadership & medical management, and other expertise.
3. The [CPD activity guide](#) - summarises activities including with examples, links to forms and evidence required.

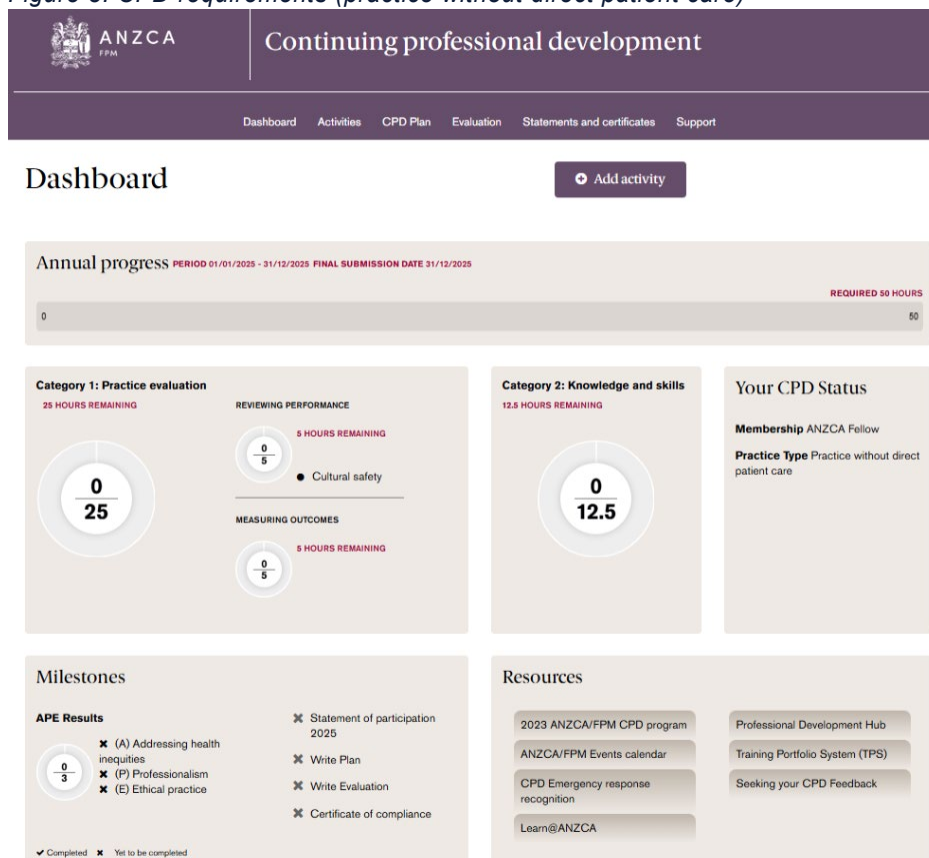
Many CPD activities are now tailored directly to clinical support roles, whilst also maintaining relevance for those in clinical practice, (e.g. analysing healthcare outcomes, clinical governance, committee work, critical reflection, cultural safety, multi-source feedback-clinical support, medico-legal reports, mentoring, quality improvement project, peer review of educational practice, peer support groups, practice audit-clinical support, review patient pathways and many others), so you should have no difficulty meeting requirements.

### *CPD requirements*



CPD requirements for those who practise without direct patient care are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy).

Figure 3: CPD requirements (practice without direct patient care)



The program runs on an annual cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- 50 hours of CPD relevant to your scope of practice<sup>3</sup> and professional development needs, allocated to include:
  - At least 25 hours of practice evaluation activities (category 1), including a minimum five hours reviewing performance and five hours measuring outcomes.
  - At least 12.5 hours of educational activities (knowledge & skills, category 2).
  - An additional 12.5 hours of activities from any category.
- One cultural safety activity each year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their

<sup>3</sup> MBA definition of scope of practice: 'The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform'. See MBA [Registration standard: Continuing professional development](#).

requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.

- A CPD activity (or CPD activities) covering each of the following domains – Addressing Health Inequities (A), Professionalism (P) and Ethical Practice (E). These activities can be completed and attributed to hours in either category 1 or category 2.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You also need to keep records for three years after the end of each one-year cycle. The portfolio makes this easy.

If you practice without direct patient care, **you are not required to complete one of the four mandatory practice evaluation activities or an emergency response activity.**

## If you practise diving and hyperbaric medicine

### *Specific CPD guidance for DHM practitioners*

As the college that trains diving and hyperbaric medicine (DHM) practitioners, we provide guidance on keeping up to date in DHM. We also welcome you if you're not a college member.

While there isn't a separate DHM CPD program, the ANZCA and FPM CPD Program readily accommodates DHM practice through tailored activities.

- Those practitioners who are FANZCAs and/or FFPMANZCAs are automatically enrolled.
- If you are from a non-anaesthesia, non-pain medicine primary specialty, we welcome your enrolment.

### *CPD resources and support*

You'll be provided with access to the same learning resources and support as other CPD participants, including our excellent [library](#) and [Learn@ANZCA](#), the college learning management system, which includes many top-quality resources. A password for these is provided on CPD program registration.

### *Enrolment*

Enrolment in the program is easy – just email a completed [application form](#) and supporting documentation to the CPD team. Fees for participation are included on the form. These cover the costs of delivering a high-quality program and service, including your access to the library and Learn@ANZCA resources.

### *DHM specific activities*

[The ANZCA DHM Sub-committee](#) has developed activities specifically for DHM practitioners, as outlined in the following table.

*Table 2: Examples of DHM CPD activities*

ANZCA and FPM CPD Program category	Examples of activities
Practice evaluation – reviewing performance	<p>There are specific DHM versions of:</p> <ul style="list-style-type: none"> <li>• Patient experience survey (<a href="#">guideline</a>, <a href="#">survey form summary form</a>, <a href="#">confidentiality and CPD verification form</a>).</li> </ul>

ANZCA and FPM CPD Program category	Examples of activities
	<ul style="list-style-type: none"> <li>Multi-source feedback (<a href="#">guideline</a>, <a href="#">form</a>, <a href="#">summary form</a>, <a href="#">self-assessment form</a>, <a href="#">confidentiality and CPD verification form</a>).</li> <li>Peer review of practice (<a href="#">guideline</a>, <a href="#">observation form</a>, <a href="#">agreement and CPD verification form</a>).</li> </ul>
Practice evaluation – measuring outcomes	The <a href="#">clinical audit guideline</a> provides examples of how to meet relevant requirements.
Knowledge and skills	<p>South Pacific Underwater Medicine Society (SPUMS) conference.</p> <p>Teaching activities in courses approved for DHM training.</p> <p>Supervision of trainees in the Advanced Diploma of DHM.</p>
Emergency response	<a href="#">Central nervous system oxygen toxicity</a> (CNS-OT) was specifically developed for DHM practitioners.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

*We welcome your feedback*

Ideas, comments, or feedback on the DHM component of our CPD program, including for new activity templates, should be directed to the [DHM Sub-committee](#).

## If you practise part-time

### *CPD requirements*

As Australian and New Zealand patients expect the same high quality of care from their doctors however many hours they work per week, the CPD requirements for those who practise less than full-time hours are the same as for those who practise full-time. This is required by the medical board and council for any registered medical practitioner who engages in any form of practice.

Specific requirements are determined by whether you practise [anaesthesia](#), [pain medicine](#), [pain medicine and anaesthesia](#), [pain medicine and another \(non-anaesthesia\) specialty](#), [pain medicine and are endorsed under the Procedures in Pain Medicine Program](#), [rural generalist anaesthesia](#), [diving and hyperbaric medicine](#), or if you [practice without direct patient care](#).

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

## If you take extended leave

The college accommodates you should you need/want to take extended leave from medical practice.

- For anaesthetists, see [taking a career break and returning to anaesthesia practice](#) on the college website.
- For CPD, your case will be considered according to your individual circumstances under the [Exemption or Variation Policy](#).

Two factors that you will need to consider when planning for and returning from extended leave, as relevant, are recency of practice and the need for a return to practice plan.

### *Recency of practice*

In Australia, recency of practice is required for registration. The MBA's definition, the minimum amount of work you need to do to be considered to be practising, and the implications for future practice are in the [MBA registration standard: Recency of practice](#).

In New Zealand, the MCNZ requires that you notify them about stopping practice, temporarily or permanently – see [maintaining your registration while you're taking a break](#).

### *Return to practice plan*

The college can help if you need a return to practice plan:

- For anaesthesia practice see [PS50 Guideline on return to anaesthesia practice for anaesthetists](#).
- For pain medicine practice see [PS13 \(PM\) Guideline on return to pain medicine practice for specialist pain medicine physicians](#).

**We strongly recommend that you seek advice from the MBA/AHPRA or the MCNZ to understand your options in terms of your registration and the implications for future practice.**

## **If your circumstances require an exemption or variation**

As CPD is a registration standard and a recertification requirement, regulations relating to an exemption or variation to CPD are set by the MBA and MCNZ. Fellows and CPD participants, provisional fellows and ANZCA trainees who take leave from medical practice can apply for an exemption or variation of their annual CPD requirements under certain circumstances. Please refer to the [Exemption or Variation Policy](#).

Please note also that the college can also provide **access to wellbeing support** should you require. Please see the [ANZCA Doctors' Support Program](#) for resources. Your general practitioner is an important first point of contact.

## **If you are retired**

Your requirements depend on whether you're maintaining some health-related activities and your medical registration status. Please note that the medical board and council definitions of 'practice' are very broad and include any work that uses your medical skills and training<sup>4</sup>.

- If you are **no longer registered** with the medical board/council or have non-practising registration (Australia), you do not need to do the ANZCA and FPM CPD Program. We have guidance for [transitioning to retirement](#), including college benefits for retired fellows. Please contact the [membership services](#) team to inform the college of your retirement so that we can ensure you receive the relevant benefits.

<sup>4</sup> **MBA definition of practice:** 'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.... not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.'

**MCNZ definition of practice.**

- If you are **practising in any way**, even if it does not involve direct patient care, you're required by the regulatory authorities to complete CPD. See [If you practise without direct patient care](#).
- In Australia, if you have given up your specialist registration but have maintained your **general registration**, the MBA requires that you join a CPD Home relevant to your scope of practice.
- In New Zealand, if you are registered and **practising in the general scope of practice** only, please check the [MCNZ website](#) for your specific recertification requirements.

**This area is nuanced and we recommend that you check with the MBA/AHPRA or MCNZ. Please contact the college [CPD team](#) for further support as we are well versed in these nuances and are happy to help you.**

## **If you are a CPD activity provider**

If you're a course provider who wishes to receive recognition of suitability for an emergency response activity in the ANZCA and FPM CPD Program, you need to:

- Complete the relevant [recognition of suitability form](#).
- Submit the completed form, along with your course outline to the [CPD team](#).
- The team will review your application and forward it for consideration for approval by the ANZCA and FPM CPD Committee chair.
- If your application is approved, the team will send you a unique recognition code. The recognition code is to be passed onto participants and included on their certificate of participation to aid claiming the activity in their CPD portfolio.

Prior recognition from the college is currently not required for non-emergency response activities. You're welcome to contact the [CPD team](#) for support regarding how your educational offerings might fit into the ANZCA and FPM CPD Program.

## Section 4: Recording and managing your CPD

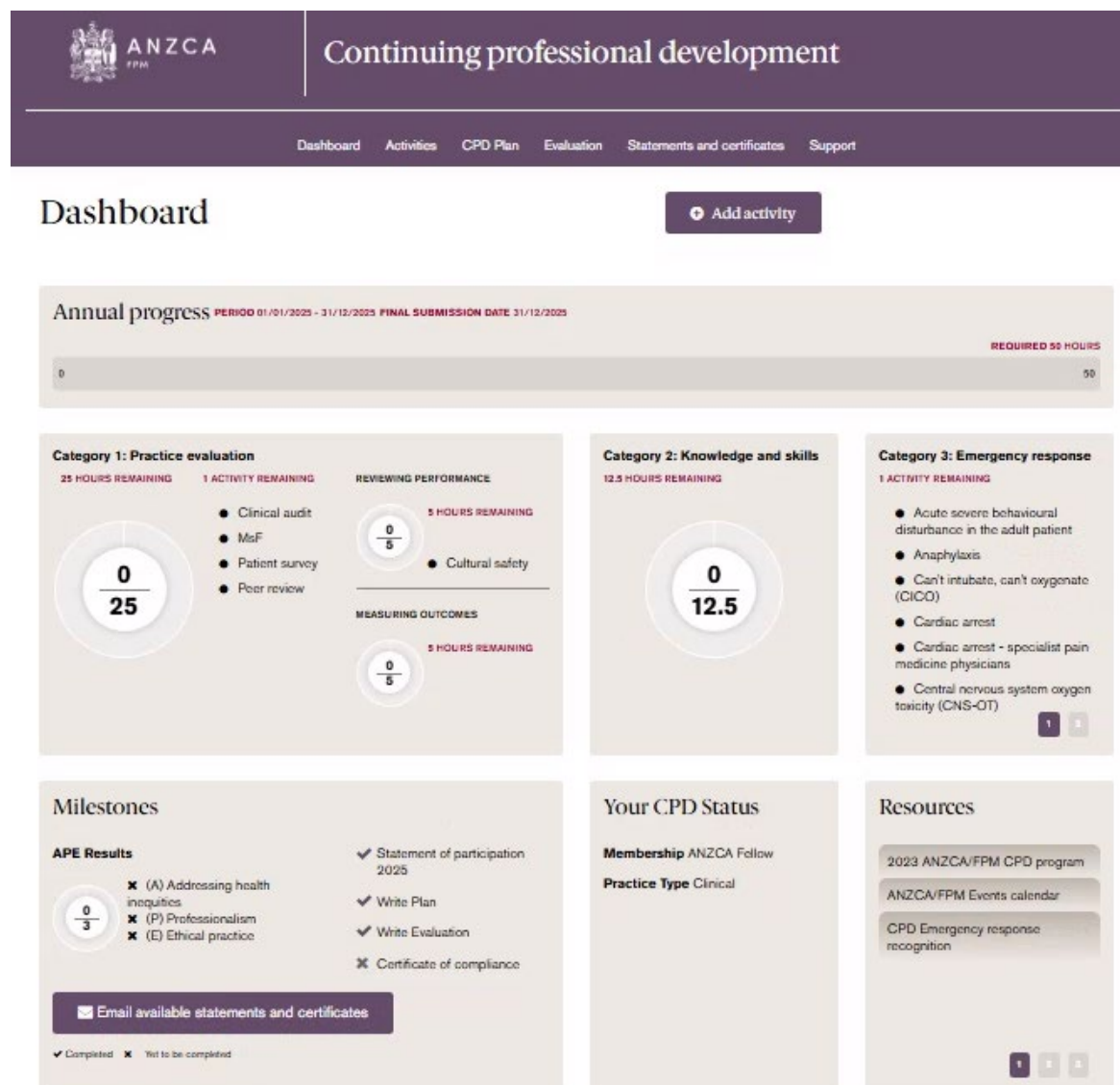
### Online portfolio and evidence

ANZCA and FPM CPD Program participants have access to individual online CPD portfolios to record activities and track their progress in the annual cycle. Use of the online portfolio streamlines recording and uploading evidence. It also facilitates audit, either by the medical board/council or the college (required by the MBA/MCNZ).

The key to the CPD portfolio is the dashboard which includes a summary of progress and remaining requirements.

Figure 4: CPD portfolio (clinical practice type dashboard)

The support documents for the [clinical practice type](#) and for [practice without direct patient care](#) include detailed information to help new users become familiar with the online dashboard and annual requirements.



## Annual statement of participation and certificate of compliance

### *Statement of participation*

This statement demonstrate that you're actively enrolled in an accredited CPD program/CPD Home. It is available for download from your CPD portfolio once you've completed your CPD plan and is accessible at your convenience throughout the year. You can also email the statement to yourself or a third party directly from your portfolio.

### *Certificate of compliance*

A certificate of compliance is available in your CPD portfolio (for download or emailing to yourself or a third party) when you have completed all the minimum requirements relevant to your practice type (see [section 2](#)).

If you've been selected for verification (audit), you can only access your certificate of compliance after the verification process is completed (see below).

## Random audit (verification) of completed CPD activities

The MBA/AMC and MCNZ require that the college randomly audits CPD compliance. Each year, at least seven per cent of all fellows (including both ANZCA and FPM fellows) and other CPD participants are randomly selected for verification of their CPD activity records.

### *CPD Mandatory compliance policy*

CPD compliance is mandated by ANZCA and FPM and is required in Australia for specialist registration by the MBA and in New Zealand for recognition in a vocational scope of practice by the MCNZ.

Compliance requirements for fellows and other CPD participants are defined in the [CPD Mandatory compliance policy](#).

### *Annual audit (verification) process*

If you're randomly selected in the annual verification, we'll notify you in September and you'll have until 31 December to update your portfolio with any completed CPD activities. You can upload evidence documents to support completed CPD activities directly into your CPD portfolio or submit them to the CPD team via email.

All fellows and other CPD participants will be included in each annual selection for verification of CPD activities. This may result in individuals being randomly selected in consecutive years.

Fellows and CPD participants who were non-compliant with CPD requirements in prior years might be selected at the discretion of the CPD Committee.

The verification process begins in January for approximately three months, after which you will be notified that either:

- The verification process is completed satisfactorily, as the evidence provided confirms recorded CPD activities; or
- That the verification process is incomplete, requiring clarification of the submitted evidence or further evidence for completion.

The portfolio facilitates uploading evidence as you complete CPD activities. College activities (such as events and assessments completed in the training portfolio system, TPS) are automatically populated in the portfolio. Consequently, the verification process should be relatively straightforward and seamless.



We encourage you to upload evidence for non-college events and activities as you go, so that if you're selected for verification no further action is required of you.

### *Evidence*

Each time you log into the portfolio, any college events and activities that have been automatically populated in your portfolio will appear as 'pending'. You'll need to manually verify these for the hours to count towards your annual total. However, you don't require any additional evidence/documents for these activities.

If you upload evidence into the portfolio at the time you record the CPD activity, you won't need to add any additional documents, unless the evidence provided doesn't substantiate the record and we specifically request further information.

### *Retaining records for three years*

The MBA's [CPD registration standard](#) requires you to keep CPD records for three years. While the MCNZ doesn't have specific requirements, we recommend that participants in New Zealand also keep records for a minimum of three years. The online CPD portfolio makes meeting this requirement easy, as you can access all your previous CPD records.

### *College fellows participating in other CPD programs*

If you're a college fellow with medical registration in Australia and/or New Zealand, you may be randomly selected for the annual verification process, regardless of where you do your CPD.

- If you're registered in Australia and you're selected in the annual verification process, you must provide evidence that you meet the requirements of your accredited CPD Home.
- If you're registered in New Zealand and you're selected in the annual verification process, you will be asked to provide evidence to verify you have completed all relevant activities to meet the [ANZCA and FPM CPD Standard](#) requirements.

### *Privacy*

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

## **Notification to regulatory bodies**

In accordance with MBA requirements, all fellows and other CPD participants holding medical registration in Australia who are completing CPD with the college will be reported to the regulators six months (i.e. 30 June each year) after the annual submission date (this includes, compliant, non-compliant and/or exempted participants). Fellows or CPD participants who do not complete their annual CPD requirements for the respective year, will be identified as non-compliant to the regulatory body.

In accordance with MCNZ requirements, fellows and other CPD participants holding medical registration in Aotearoa New Zealand who are non-compliant with minimum CPD requirements will be reported to MCNZ as they are identified. Fellows or CPD participants who do not complete their annual CPD requirements for the respective year, will be identified as non-compliant to the regulatory body.



## Qualified privilege (QP) and protected quality assurance activities (PQAA)

Collecting information about patients has important privacy implications. Only de-identified information should be routinely stored in the CPD portfolio.

The focus of the ANZCA and FPM CPD Program is on practice improvement through participants review of outcomes and reflection on strengths and areas for improvement. For many activities that involve collecting patient or colleague feedback data, the evidence required by the college for verification (audit) is the relevant CPD confidentiality and verification form, rather than the raw data and outcomes.

### ***Detail of what evidence is required, and relevant forms is in the guideline for each activity.***

In collecting and using information, it is your responsibility to ensure that all privacy obligations are met, and any necessary consent is obtained. You must follow your hospital/private practice privacy policy and ensure that patients have consented as per that policy and relevant privacy legislation.

#### *Australia*

The following four practice evaluation activities are protected by the Commonwealth Qualified Privilege (QP) Scheme, as per the [Declaration of Quality Assurance Activity under section 124X of the Health Insurance Act 1973 – QAA 6/2017](#):

- 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 not covered under QP.

#### *New Zealand*

Under section 54 of the [Health Practitioner Competence Assurance Act 2003](#), the Minister of Health can grant protection of a quality assurance activity. The ANZCA and FPM CPD Program practice evaluation and emergency response categories (and thus all activities within them) are registered as Protected Quality Assurance Activities (PQAA) for participants in New Zealand.

#### *Further information*

Fact sheets on QP and PQAA are available from the relevant authorities:

Australia: [Commonwealth Qualified Privilege Scheme information](#).

New Zealand: [Protected Quality Assurance Activities under the Health Practitioners Competence Assurance Act 2003](#).

***If you have any questions about what you can (and should not) upload to the CPD portfolio as evidence of your CPD activities, please contact the [CPD team](#).***

## Contact us

We know that the MBA and MCNZ CPD requirements can be daunting. We want to support you to meet requirements and provide the best care for your patients. The ANZCA and FPM

CPD Program is designed to meet requirements, streamline recording, and anticipate and simplify auditing.

Our dedicated CPD staff are here to support you. They have a wealth of experience in assisting fellows and other CPD participants to meet requirements.

You can contact the CPD team via email at [cpd@anzca.edu.au](mailto:cpd@anzca.edu.au) or phone +61 3 9510 6299. CPD team members are also available for virtual (zoom) sessions or in-person appointments at ANZCA House in Melbourne and at the ANZCA/FPM Annual Scientific Meeting every year.

## Section 5: Guidelines and forms

You can access the guidelines and forms which support many CPD activities through the links in the list below, the CPD activity guide (section 3), your CPD portfolio or the [CPD guidelines and forms webpage](#).

### Category 1 Practice evaluation – Reviewing performance

[CPD Plan](#)

[CPD Evaluation](#)

[Cultural safety and health equity activity guidance](#)

[Cultural safety and health equity verification form](#)

### Multi-source feedback

[Multi-source feedback \(anaesthesia\) - guideline](#)

[Multi-source feedback \(anaesthesia\) - form](#)

[Multi-source feedback \(anaesthesia\) - self-assessment form](#)

[Multi-source feedback \(anaesthesia\) - summary form](#)

[Multi-source feedback \(clinical support\) - guideline](#)

[Multi-source feedback \(clinical support\) - form](#)

[Multi-source feedback \(clinical support\) – self-assessment form](#)

[Multi-source feedback \(clinical support\) – summary form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - guideline](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - self-assessment form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - summary form](#)

[Multi-source feedback \(pain medicine\) - guideline](#)

[Multi-source feedback \(pain medicine\) - form](#)

[Multi-source feedback \(pain medicine\) - self-assessment form](#)

[Multi-source feedback \(pain medicine\) - summary form](#)

[Multi-source feedback \(procedures in pain medicine\) – guideline](#)

[Multi-source feedback \(procedures in pain medicine\) - form](#)

[Multi-source feedback \(procedures in pain medicine\) – self-assessment form](#)

[Multi-source feedback \(procedures in pain medicine\) - summary form](#)

[Multi-source feedback confidentiality and CPD verification form](#)

## **Patient experience survey**

[Patient experience survey \(anaesthesia\) - guideline](#)

[Patient experience survey \(anaesthesia\) - form](#)

[Patient experience survey \(anaesthesia\) - summary form](#)

[Paediatric patient/parent survey \(anaesthesia\) - guideline](#)

[Paediatric patient/parent satisfaction survey \(anaesthesia\) - form](#)

[Paediatric patient/parent survey \(anaesthesia practice\) - summary form](#)

[Patient experience survey \(diving and hyperbaric medicine\) - guideline](#)

[Patient experience survey \(diving and hyperbaric medicine\) - form](#)

[Patient experience survey \(diving and hyperbaric medicine practice\) - summary form](#)

[Patient experience survey \(pain medicine\) - guideline](#)

[Patient experience survey \(pain medicine\) - form](#)

[Patient experience survey \(pain medicine\) - summary form](#)

[Patient experience survey \(procedures in pain medicine\) – guideline](#)

[Patient experience survey \(procedures in pain medicine\) - form](#)

[Patient experience survey \(procedures in pain medicine\) - summary form](#)

[Patient experience survey confidentiality and CPD verification form](#)

## **Peer review of practice**

[Peer review of practice \(anaesthesia\) - guideline](#)

[Peer review of practice \(anaesthesia\) - observation form](#)

[Peer review of practice \(diving and hyperbaric medicine\) - guideline](#)

[Peer review of practice \(diving and hyperbaric medicine\) - observation form](#)

[Peer review of practice \(pain medicine\) - guideline](#)

[Peer review of practice \(pain medicine\) - observation form](#)

[Peer review of practice \(procedures in pain medicine\) - guideline](#)

[Peer review of practice \(procedures in pain medicine\) - observation form](#)

[Peer review of practice agreement and CPD verification form](#)

## **Other Practice evaluation – reviewing performance**

[Annual structured conversation guide](#)

[Annual structured conversation template](#)

[Annual structured conversation CPD verification form](#)

[Case discussion/conferencing guideline](#)

[Critical reflection guideline](#)

[Critical reflection template](#)

[Critical reflection CPD verification form](#)

[Mentoring guideline](#)

[Mentoring CPD verification form](#)

[Peer review of educational practice guideline](#)

[Peer review of educational practice observation form](#)

[Peer review of educational practice agreement and CPD verification form](#)

[Peer support groups guideline](#)

[Peer support groups CPD verification form](#)

## **Category 1 Practice evaluation – Measuring outcomes**

[Clinical audit guideline](#)

[Clinical audit CPD verification form](#)

[Analysing healthcare outcomes guideline](#)

[Analysing healthcare outcomes CPD verification form](#)

[Clinical governance guideline](#)

[Clinical governance CPD verification form](#)

[Practice audit \(clinical support\) guideline](#)

[Practice audit \(clinical support\) CPD verification form](#)

[Quality improvement project guideline](#)

[Quality improvement project CPD verification form](#)

## **Category 2 Knowledge and skills**

[Wellbeing education sessions guideline](#)

## **Category 3 Emergency response**

[Acute severe behavioural disturbance in the adult patient ER session guideline](#)

[Anaphylaxis ER session guideline](#)

[Can't intubate can't oxygenate ER session guideline](#)

[Cardiac arrest ER session guideline](#)

[Cardiac arrest specialist pain medicine physicians ER session guideline](#)

[Central nervous system oxygen toxicity ER session guideline](#)

[Major haemorrhage ER session guideline](#)

[Malignant hyperthermia ER session guideline](#)

[Opioid induced ventilatory impairment ER session guideline](#)

**Other support documents**

[ANZCA provisional fellow support document](#)

[Clinical practice type support document](#)

[Mapping CPD program to ANZCA/FPM roles in practice](#)

[Practical guidance for CPD feedback conversations](#)

[Practice without direct patient care toolkit](#)

[Private practice support document](#)