



Continuing Professional Development (CPD) Standard

CPD programs relevant to anaesthesia and pain medicine apply evidence-based educational activities that foster genuine continuing professional development.

1. Purpose

The intention of this standard is to provide a benchmark of acceptable quality against which CPD programs offered by CPD homes in Australia can be compared.

It also outlines the standard by which the Australian and New Zealand College of Anaesthetists (ANZCA) and the Faculty of Pain Medicine (FPM) are accredited by the Medical Council of New Zealand (MCNZ) as the recertification program provider for the vocational scopes of anaesthesia and pain medicine practice in New Zealand.

2. Scope

This standard is intended to apply to all CPD programs provided by CPD homes applicable to the specialties of anaesthesia and/or pain medicine in Australia.

It also applies to all registered practitioners in the vocational scopes of anaesthesia and pain medicine in New Zealand.

3. Definitions

The accepted definition of CPD employed by the college is: "Any activity designed to improve patient outcomes through the maintenance and improvement of knowledge, skills, and professional and personal attributes required of a medical specialist".

Throughout this document, reference to the college implies inclusion of the Faculty of Pain Medicine (FPM). The term "fellows" refers to ANZCA and FPM fellows. The term "CPD participant" refers to a participant of the ANZCA and FPM CPD Program who is not or not yet a fellow.

4. Background

ANZCA, which includes FPM, promotes and advocates for the high-level CPD participation expected of all specialist anaesthetists and specialist pain medicine physicians registered in Australia (see section 5.4). It is recognised and accredited by the Australian Medical Council (AMC) as a CPD home, which meets the benchmark articulated in this standard.

The college is also recognised and accredited by the MCNZ to provide a recertification program for those registered in the vocational scopes of anaesthesia and pain medicine in New Zealand.

This CPD standard complies with regulations set by the regulatory bodies, and the Medical Board of Australia's (MBA) CPD registration standard.

Those registered in the vocational scopes of anaesthesia and pain medicine in New Zealand and all fellows and other CPD participants in Australia who have the college as their CPD home are expected to and supported to meet this CPD standard. This includes participants who are not college fellows (non-fellows) and have chosen to join the ANZCA and FPM CPD Program.

The following are the criteria to be fulfilled and serve as indicators of achievement of the standard.

5. Criteria

5.1. Practice evaluation:

Fellows and other CPD participants engage in quality improvement activities that are directly and indirectly related to their own practice. This includes activities focusing on reviewing performance and measuring outcomes (see table 2). Practice evaluation is required for both those who undertake direct patient care and those who practise without any direct patient care.

- **Reviewing performance** focuses on informal or formal reviews and critical reflection for continuous improvement of your practice or that of your team/group/organisation, with feedback based on actual work. Examples of activities include annual performance appraisal (structured conversation with a peer), patient experience surveys, multi-source feedback (MsF), peer review, cultural safety and evaluation of clinical support activities such as teaching and leadership.
- **Measuring outcomes** focuses on activities in which the outcomes of your practice or that of your team/group/organisation are measured and reviewed. Usually this would include review against a benchmark, standard or other comparator.

5.2. Self-directed learning: Each fellow or other CPD participant plans their CPD activities according to their scope of practice, their identified learning needs and the needs of those they serve. They evaluate their learning experiences to plan for ongoing improvements in their practice.

5.3. Program-level requirements: Fellows and other CPD participants who undertake direct patient care (clinical practice type) must meet the following program-level requirements:

- One Emergency response activity (also a specialist high-level requirement).
- One of the four mandatory Practice evaluation activities—either a patient survey, multi-source feedback, peer review or clinical audit (also a specialist high-level requirement).
- One mandatory 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).

Fellows and CPD participants who practice without direct patient care (non-clinical type) must meet the following program-level requirements:

- One mandatory 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).

5.4. High-level requirements: All fellows and other CPD participants who hold specialist registration in Australia meet their relevant specialist medical college high-level CPD requirements. High-level requirements for each specialty are listed on the [MBA website](#). The ANZCA and FPM CPD program requirements (section 5.3) include the high-level requirements for anaesthesia and pain medicine.

5.5. Annual structured conversation: Fellows and other CPD participants holding medical registration in New Zealand undertake a structured conversation with a colleague, employer or peer at least annually.

5.6. Applicable to the breadth of professional practice: All the following ANZCA and FPM roles and responsibilities of a specialist are recognised:

- Medical expert (anaesthesia, diving and hyperbaric medicine, rural generalist anaesthesia) or Clinician (pain medicine, perioperative medicine)
- Communicator
- Collaborator
- Leader and Manager

- Health advocate
- Scholar
- Professional.

The ANZCA and FPM CPD program is mapped to the ANZCA and FPM roles in practice throughout the CPD handbook and in appendix 16. This promotes linkages between specialist training and ongoing CPD.

5.7. Effective, evidence-based interventions: Emphasis is placed on activities that are proven to be effective for learning.

5.8. Career-long learning: CPD reflects each fellow or other CPD participant's commitment to excellence in practice through ongoing practice evaluation, development of new knowledge, skills and professional behaviours, and provision of culturally safe care.

5.9. Open participation: All fellows and others whose scope of practice includes anaesthesia and/or pain medicine, whether they are working full-time or part-time, and regardless of whether their practice involves direct patient care or not, are eligible to enrol and are catered for within the program.

5.10 CPD activities: The CPD category criteria define what constitutes a CPD activity under the ANZCA and FPM CPD program categories. The development and allocation of new CPD activities is informed by each of the category criteria:

- Attachment A: [Category 1 Practice evaluation - criteria](#)
- Attachment B: [Category 2 Knowledge and skills - criteria](#)
- Attachment C: [Category 3 Emergency response - criteria](#)

6. Key elements of a specialist CPD program

CPD programs stipulate the minimum level of engagement in a range of activities, in each of the following three categories:

1. Practice evaluation, such as patient experience survey, multi-source feedback, peer review of practice and clinical audit. These activities are classified into two categories, those reviewing performance and those measuring outcomes.
2. Activities to enhance knowledge and skills, such as conferences, courses and on-line learning.
3. Emergency response activities to maintain optimal patient outcomes in defined emergency situations (see "Emergency responses" below).

The CPD value derived from clinical support (non-clinical) activities such as teaching and education, research, quality improvement measures, leadership and administration of organisations, departments, services, groups, boards and committees is also recognised.

The ANZCA and FPM CPD program includes mapping of practice evaluation activities to the roles and responsibilities of those without direct patient care. Fellows and other CPD participants who undertake direct patient care can use this map and the relevant resources to evaluate and improve their clinical support roles and responsibilities.

Category 1: Practice evaluation – a minimum of 25 hours per year required, with a minimum five hours across reviewing performance and five hours across measuring outcomes.

****Fellows and other CPD participants involved in direct patient care are required to complete one of the following four Practice evaluation activities each year. These activities involve direct evaluation of each participant's clinical practice. Hours allocated to completing this requirement go towards the overall annual hours requirement.**

****Multi-source feedback (MsF)^{1,3}**

Reviewing
performance

1 activity per year

Category 1: Practice evaluation – a minimum of 25 hours per year required, with a minimum five hours across reviewing performance and five hours across measuring outcomes.		
**Patient experience survey ^{2,3}	Reviewing performance	
**Peer review of practice (minimum half-day) ⁴	Reviewing performance	
**Audit of own practice or significant input into a group audit of practice (Clinical audit) ⁵	Measuring outcomes	
Participants are required to complete one Cultural safety activity per year. Hours taken to complete this requirement go towards the overall annual hours requirement for reviewing performance.		
Cultural safety activity	Reviewing performance	1 activity per year
Other practice evaluation activities are all optional, with no minimum requirement. Hours allocated to completing this requirement go towards the overall annual hours requirement.		
Annual structured conversation/performance appraisal ⁹		Reviewing performance
Accreditation inspection/review		Reviewing performance
Case discussion/conferencing		Reviewing performance
Critical reflection		Reviewing performance
Examiner for the ANZCA anaesthesia primary and final and FPM fellowship exams		Reviewing performance
Medico-legal reports/expert witness		Reviewing performance
Mentoring		Reviewing performance
Peer review of educational practice		Reviewing performance
Peer support groups		Reviewing performance
Specialist International Medical Graduate (SIMG) performance assessment (PA) assessor		Reviewing performance
Team training scenario within own work environment, with usual work team		Reviewing performance
Analysing healthcare outcomes		Measuring outcomes
Clinical governance		Measuring outcomes
Clinical governance/quality assurance committee work		Measuring outcomes

Category 1: Practice evaluation – a minimum of 25 hours per year required, with a minimum five hours across reviewing performance and five hours across measuring outcomes.

Incident reporting	Measuring outcomes
Morbidity / mortality meetings	Measuring outcomes
Practice audit (Clinical support)	Measuring outcomes
Quality improvement project	Measuring outcomes
Report of audit findings	Measuring outcomes
Review of patient care pathways	Measuring outcomes
Root cause analysis (RCA)	Measuring outcomes

Category 2: Knowledge and Skills – a minimum of 12.5 hours per year required

Attendance at lectures, presentations or online learning (Learning sessions)	Hours spent completing these activities go towards the overall annual hours requirement.
Courses towards a formal qualification (Formal courses)	
Education development	
Education/research committee work	
Examining, including writing and marking questions*	
Global development	
Hospital or practice attachments	
Journal reading	
Leadership and management skills (LAMS) development	
Other assessment of trainees, including core unit reviews and in-training assessments	
Presenting at local, regional, national, or international conferences or meetings (Presenting)	
Publication of manuscript in peer reviewed journal or book chapter (Publications)	
Research, including grant proposals and trials	
Review of ANZCA/FPM fellows	
Reviewer of grant applications or participation on ethics committee	

* Note that ANZCA and FPM viva voce examining activities can be claimed under practice evaluation reviewing performance.

Category 2: Knowledge and Skills – a minimum of 12.5 hours per year required

Reviewer or editor for a peer-reviewed journal	
Short courses, workshops, problem-based learning discussions (PBLDs) and small group discussions (Short format learning)	
Teaching, including preparing and presenting tutorials (Teaching)	
Wellbeing education sessions	
Workplace based assessment of trainees, including provision of feedback	

Category 3: Emergency Response – One activity per year

Anaphylaxis ER ⁷	1 activity per year (hours spent completing this activity will be recorded under Knowledge and skills)
Acute severe behavioural disturbance (ASBD) in the adult patient ER	
Can't intubate, can't oxygenate (CICO) ER ⁶	
Cardiac arrest ER ⁶	
Cardiac arrest for specialist pain medicine physicians (SPMP) ER ⁶	
Central nervous system oxygen toxicity (CNS-OT) ER	
Major haemorrhage ER ⁷	
Malignant hyperthermia ER	
Opioid-induced ventilatory impairment (OIVI) ER	

7. Specialist CPD program inclusions

7.1. Annual CPD plan: Is conducted by the fellow or other CPD participant, based upon review of individual, patient and organisational needs, improvement areas identified and preferred learning styles. Hours spent completing the CPD plan can be claimed under Practice evaluation – reviewing performance.

7.2 Annual CPD evaluation: Annual review of and reflection on achievements during the CPD cycle against each fellow or other CPD participant's plan. Hours spent completing the CPD evaluation can be claimed under Practice evaluation – reviewing performance.

7.3. Recognition of learning activities relevant to all roles: Fellows and other CPD participants are encouraged to consider both the breadth of the roles and responsibilities they have in direct patient care and in clinical support and choose activities that reflect needs identified across their scope(s) of practice.

7.4. Annual practice evaluation: Fellows and other CPD participants complete one formal practice evaluation activity directly relevant to their own practice. The program accommodates practice evaluation for those whose practice involves direct patient care and those whose practice does not involve direct patient care.

7.5. Cultural safety: Fellows and other CPD participants complete one Cultural safety activity per year to enhance their provision of culturally safe and high-quality care. This requirement applies to both those with direct patient care and those without direct patient care to ensure their roles and responsibilities incorporate a culturally safe approach.

7.6. All fellows and other CPD participants under the clinical practice type complete any one of the following Emergency response activities annually:

- Acute severe behavioural disturbance ER
- Anaphylaxis ER
- Can't intubate, can't oxygenate (CICO) ER
- Cardiac arrest ER
- Cardiac arrest ER (pain medicine)
- Central nervous system oxygen toxicity (CNS-OT) ER
- Major haemorrhage ER
- Malignant hyperthermia ER
- Opioid-induced ventilatory impairment (OIVI) ER

7.7. Minimum hourly requirements per year are as follows:

- Overall annual requirement – 50 hours.
- Knowledge and skills – 12.5 hours.
- Practice evaluation – 25 hours, inclusive of:
 - Measuring outcomes – 5 hours.
 - Reviewing performance – 5 hours.
- The remaining 12.5 hours can be made up from activities across the CPD program.

7.8. The program accommodates stakeholders, including those who have no direct patient care, those in specialist pain medicine practice who are endorsed under the Procedures Endorsement Program, and other participants with relevant scopes of practice.

7.9. Annual requirements for fellows and other CPD participants under the clinical practice type are as follows:

- a) A CPD plan.
- b) Evaluation of the plan and CPD achievement.
- c) A minimum of 50 hours inclusive of:
 - i. A minimum of 12.5 hours in Knowledge and skills.
 - ii. A minimum of 25 hours in Practice evaluation with a minimum of 5 hours for measuring outcomes and a minimum of 5 hours for reviewing performance activities.
 - iii. At least one of the four mandatory practice evaluation activities (Peer review, Clinical audit, Multi-source feedback, Patient experience survey)
 - iv. At least one Emergency response activity.
 - v. One mandatory cultural safety activity (under reviewing performance)
 - vi. At least one CPD activity covering each of the following domains—Addressing health inequities (A), Professionalism (P) and Ethical practice (E).

7.10. For fellows and other CPD participants who have no direct patient care the above annual requirements apply, except for the annual Practice evaluation activity (c iii) and the annual Emergency response activity (c iv).

7.11. In addition to the above annual requirements (7.10), specific requirements for specialist pain medicine physicians who are endorsed under the Procedures Endorsement Program are:

- a) A minimum of 12.5 hours of practice evaluation activities undertaken each year must relate to procedures in pain medicine. This can include any combination of reviewing performance and measuring outcomes (noting minimum hours in each must still be met).
- b) A minimum of four hours of knowledge and skills activities undertaken each year must relate to procedures in pain medicine, with no more than three hours accrued at industry run events.

7.12. Access to an annual statement of participation requires the completion of the CPD plan for that annual cycle.

7.13. Access to a certificate of compliance requires the completion of the minimum annual requirements outlined in 7.10 for those under the clinical practice type, the completion of the minimum requirements outlined in 7.10 for those without direct patient care and the completion the minimum requirements outlined in 7.11 for specialist pain medicine physicians endorsed under the Procedures Endorsement Program.

8. Documentation

CPD homes provide a record of CPD participation (statements and certificates).

9. Verification of CPD activities (audit)

The ANZCA and FPM CPD program includes an audit process based on randomly selected participants and/or logged CPD activities. Audit verifies the accuracy of returns and relevance of activities completed. At least seven per cent of participants are audited annually.⁸

Notes

1. Fellows and other CPD participants must obtain feedback from a minimum of six colleagues and co-workers that they work with on a regular basis. It is recommended that feedback responses be sought from at least another anaesthetist, a surgeon, an anaesthetic nurse/technician and trainee (if applicable). To be considered a valid activity (for audit/verification), the multi-source feedback form must request feedback on a range of behaviours included in the ANZCA and FPM CPD Handbook Appendix 16 ANZCA/FPM Roles in Practice. These include items on clinical work, communication, teamwork, teaching & learning and professional aspects of their practice.
2. There are a number of validated surveys that evaluate patient satisfaction with anaesthesia and pain medicine that could be used. Fellows and other CPD participants must use a survey that has been developed specifically for the specialties of anaesthesia or pain medicine, as relevant. Fellows and other CPD participants must obtain feedback from a minimum of 15 patients (and/or parents, as relevant) representing a good cross section of patients from their usual practice.
3. For the multi-source feedback and patient experience surveys, ideally, a third party compiles the completed responses on a results summary sheet. The third party should read through the guidance prepared by the college regarding feedback provision to fellows and other CPD participants that have completed practice evaluation activities for the purpose of CPD and provide feedback based on the results summary.
4. Fellows and other CPD participants select a colleague to observe their practice over half a day and record observations. Subsequently, the reviewing colleague uses their observation notes to initiate a feedback discussion regarding the reviewed doctor's approaches to patient care. Optimally, this conversation occurs on the same day as the observation of practice. To be considered a valid activity (for audit/verification), the observation form must prompt notes and discussion on a range of behaviours included in the ANZCA and FPM CPD Handbook Appendix 16 ANZCA/FPM Roles in Practice. As a minimum, this includes observation and discussion on patient management, communication, teamwork and management of the list, clinic or consulting room work.
5. Fellows and other CPD participants complete a systematic analysis of an area of practice to improve their clinical care and/or health outcomes, or to confirm that current management is consistent with the

currently available evidence or accepted consensus guidelines. An identified standard is used to measure current performance and outcomes are documented and discussed with a colleague.

6. CICO and cardiac arrest activity requirements may be met by participation in an education session that has been recognised as suitable by the college. Education sessions must meet the standard as detailed in the ANZCA and FPM CPD Handbook. CPD participants may also complete an existing relevant course, such as the Effective Management of Anaesthetic Crises (EMAC) course (for CICO and cardiac arrest requirements) or an Advanced Life Support (ALS) or Advanced Cardiac Life Support (ACLS) course (for the cardiac arrest requirement).
7. Major haemorrhage and anaphylaxis can be completed via e-Learning. Refer to the ANZCA and FPM CPD Handbook for online modules that are recognised as suitable.
8. This figure is based on greater than 5000 participants. Programs with smaller participant numbers (i.e. smaller sample sizes) will require audit of a larger percentage of participants. For example, a program with less than 2500 participants must audit a minimum of 15% of participants.
9. This is a formal structured meeting with the head of department, head of unit, practice lead or responsible manager to review the individual's performance. The review must include: a self-assessment including consideration of own practice outcomes; current clinical and clinical support responsibilities; feedback on performance against previously agreed goals; discussion of professional development and CPD; and a plan for the following year.

Change control register

Version	Author	Approved by	Approval date	Sections modified
1	Fellowship Affairs Unit	Council	November 19, 2011	Created
2	CPD Unit	Council	August 16, 2013	Updated to reflect ANZCA 2014 CPD Program framework alterations
2.1	CPD Unit	Council	November 16, 2013	Adjustments to activities framework
2.2	CPD Unit	CPD Committee	September 25, 2015	Adjustments to activities framework
2.3	CPD Team	Endorsed by CPD Committee Approved by ANZCA Council	October 4, 2018 November 24, 2018	<ul style="list-style-type: none"> • Inclusion of ASBD as an Emergency Response activity • Adjustments to activities framework • Updated to reflect CPD Team
2.4	CPD Team	Endorsed by CPD Committee Approved by ANZCA Council	From July 17, 2019 November 22, 2019	<ul style="list-style-type: none"> • Adjustment to Cultural competency activity • Inclusion of new Examiners for the Final exams as Practice evaluation activity • Inclusion of Cardiac Arrest – SPMP as an Emergency Response activity
2.5	CPD Team	Endorsed by CPD Committee	March 25 2020 March 31 2020	<ul style="list-style-type: none"> • Inclusion of COVID-19 airway management as an Emergency Response activity

Version	Author	Approved by	Approval date	Sections modified
		Approved by ANZCA Council		
2.6	CPD Team	Endorsed by CPD Committee Approved by ANZCA Council	February 10 2021 April 9 2021	<ul style="list-style-type: none"> • Inclusion of CNS-OT as an Emergency Response activity • Inclusion of new Wellbeing CPD education sessions as a Knowledge and skills activity • Requirements for maintaining FPM endorsement in procedural pain medicine under Specialist CPD program inclusions - 5.11
3	CPD Team CPD review project group	Endorsed by CPD Committee Approved by ANZCA Council	Oct 2022 Nov 2022	Updated to reflect ANZCA and FPM 2023 CPD Program framework amendments for new regulatory requirements
3.1	CPD Team CPD review project group	Endorsed by CPD Committee Approved by ANZCA Council	Oct 2023	<ul style="list-style-type: none"> • Updated to include CPD category criteria and 13 new CPD activities • Activities alphabetised for clarity and small amendments to make activity names consistent across all CPD materials.
3.2	CPD Team	Endorsed by CPD Committee and PAEC. Approved by ANZCA Council	December 2025	<ul style="list-style-type: none"> • Updated to incorporate CAPE • Updated to remove COVID-19 Emergency Response (ER).

Attachments

Attachment A: [Category 1 Practice evaluation - criteria](#)

Attachment B: [Category 2 Knowledge and skills - criteria](#)

Attachment C: [Category 3 Emergency response - criteria](#)

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