



ANZCA
FPM

Continuing Professional Development Program Handbook

January 2023

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.

2023 ANZCA and FPM CPD Program Handbook

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To ensure that users have access to the latest version of the 2023 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 all registered medical practitioners to participate in continuing professional development (CPD) relevant to their scope of practice. CPD supports excellence in healthcare and practitioner performance achieved through maintenance of skills suited to our increasingly complex modern medical environment. Our program has recently been updated to reflect revised regulatory guidelines. We continue to value and promote lifelong learning as integral to gains in knowledge, skills, attitudes, improved performance, and enhanced direct and non-direct patient care inclusive of culturally safe practice.

The CPD program is governed by the ANZCA and FPM CPD Committee, which comprises members from Australia and New Zealand, from a variety of practice settings in public and private and at different career stages. We ensure the program is feasible, user-friendly, and reflects the diversity of our participants. The convenience of the online CPD portfolio allows for quick and easy data entry and the ability to provide evidential documentation if auditing is required by either the college, MBA or MCNZ.

Many fellows and other CPD participants have received practical advice from committee members and the CPD team via phone or email. If required, assistance is only a call or an email away. If you're unclear about your CPD and can't find the answer on the college website, we can support your enquiries – 03 9510 6299 or cpd@anzca.edu.au.

Dr Debra Devonshire FANZCA
Chair, ANZCA and FPM CPD Committee

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 statements of participation and certificates of compliance. 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 MBA/Australian Medical Council (AMC) and the MCNZ.

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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 **Medical Board of Australia (MBA)** [CPD registration standard](#) sets out the minimum CPD requirements for medical practitioners. From 1 January 2023, the MBA has altered its CPD registration standard so that in each calendar year to be registered as a medical practitioner and practice in Australia you must:

- Develop a **CPD plan**.
- Complete **50 hours of CPD** relevant to your scope of practice¹ and professional development needs, allocated to include:
 - At least **12.5 hours of educational activities**.
 - At least **25 hours of practice evaluation** (with a minimum of five hours reviewing performance and five hours measuring outcomes).
- **Self-evaluate** your CPD activity at the end of each year.
- **Keep records for three years** after the end of each one-year cycle.

Annual registration requires a declaration by every medical practitioner that the CPD registration standard has been met. The MBA/Australian Health Practitioner Registration Agency (AHPRA) may audit compliance, and failure to comply is a breach of legal requirements for medical registration. If a fellow or other CPD participant is audited, this is greatly streamlined by participation in the college CPD program.

All specialist anaesthetists and specialist pain medicine physicians registered in Australia must meet the requirements of **an accredited CPD home** (or there may be consequences for your registration²).

The college is recognised as an accredited CPD home, and our program allows you to meet registration requirements and deliver safe and high-quality care for your patients.

If you are an **ANZCA or FPM trainee**, you meet the MBA CPD requirements by participating in your training program. The ANZCA training program requires that [provisional fellows](#) complete CPD to familiarise them with it before they become specialists. FPM trainees who already have a primary specialist qualification will need to meet the CPD registration standard with the CPD home for their primary specialist qualification.

¹ **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](#).

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

Recertification in New Zealand

From 1 July 2022, the **Medical Council of New Zealand (MCNZ)** [recertification requirements](#) are that as a vocationally-registered doctor, each year your CPD must 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](#).
- [Cultural safety](#) and health equity embedded across all three CPD categories³.

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.

If you are an ANZCA or FPM trainee, you meet requirements by participating in your training program. The ANZCA training program requires that [provisional fellows](#) complete CPD to familiarise them with it before they become specialists. FPM trainees who already have a primary specialist qualification will need to meet the recertification program requirements for their other vocational scope of practice.

What if I am audited by the MBA or MCNZ?

The MBA may audit registered medical practitioners to ensure that they are doing the required annual CPD. The MCNZ requires that colleges and other approved providers notify them of any New Zealand fellows or other CPD participants who are not compliant with their CPD requirements.

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.

If you practise exclusively outside Australia and New Zealand

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

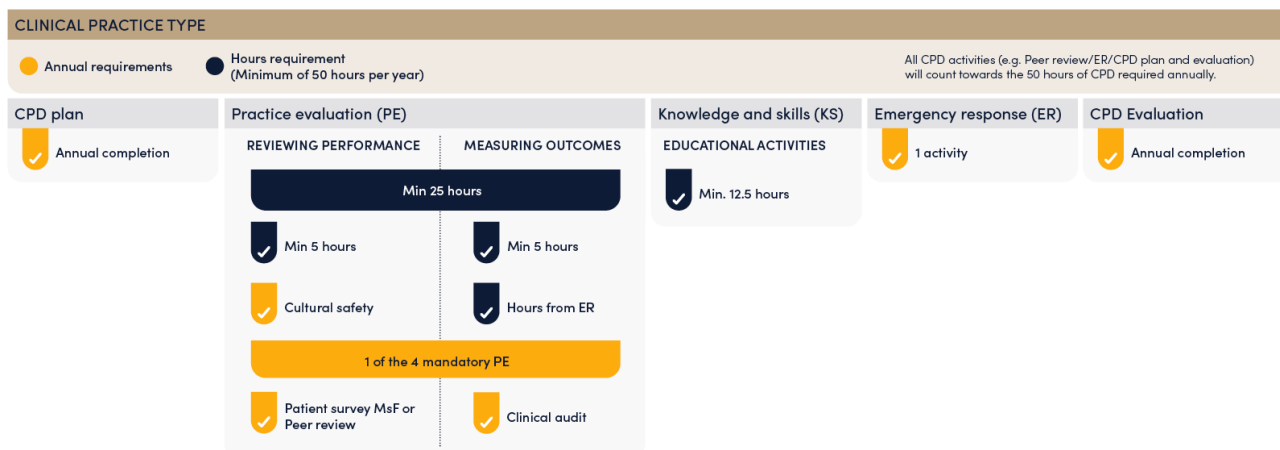
- **To retain your MBA registration**, you will need to ensure you meet the MBA [CPD registration standard](#) and the CPD high-level requirements for the specialties in which you are registered. High-level requirements for each specialty are listed on the [MBA website](#). You may do this either by participating in the ANZCA and FPM CPD Program or by completing the same requirements within an overseas CPD program (or additional requirements not covered by that program). You may be audited in the ANZCA and FPM [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 (or additional requirements not covered by that program). You may be audited in the ANZCA and FPM [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 with [no direct patient care](#).

Figure 1: CPD requirements (clinical practice type)



Your program runs on an annual calendar cycle (from 1 January to 31 December). If you click on the following links, you will find greater detail on each of the requirements.

- A [plan](#) at the beginning and [evaluation](#) at the end of each year. These are familiar to you from the triennial CPD program.
- Activities are now measured in hours. We have made this simple to record in the CPD portfolio.
- The practice evaluation category remains but is now divided into two types of activities: [reviewing performance](#) and [measuring outcomes](#). Again, we've made this easy to understand by including activities that are familiar to you. As previously, you have a choice of mandatory practice evaluation activities and must complete one of the four each year (patient experience survey, multi-source feedback, peer review or clinical audit).
- One [cultural safety](#) activity per year. This is a new requirement from the Medical Board of Australia (MBA) and the Medical Council of New Zealand (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 [practice evaluation – reviewing performance](#).
- The [knowledge and skills](#) category is unchanged from the triennial program. You now need to complete at least 12.5 hours of these activities each year to meet registration requirements.
- One [emergency response](#) activity per year.

You may want to claim CPD hours for clinical support roles and responsibilities which don't involve direct patient care. We've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care. Each is mapped to the ANZCA and FPM roles in practice.

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 with [no direct patient care](#).

Figure 2: CPD requirements (clinical practice type)



Your program runs on an annual cycle (from 1 January to 31 December). If you click on the following links, you will find greater detail on each of the requirements.

- A [plan](#) at the beginning and [evaluation](#) at the end of each year. These are familiar to you from the 2014 CPD program.
- Activities are now measured in hours. We've made this simple to record in the CPD portfolio.
- The practice evaluation category remains but is now divided into two types of activities: [reviewing performance](#) and [measuring outcomes](#). Again, we've made this easy to understand by including activities that are familiar to you. As previously, you have a choice of mandatory practice evaluation activities, and must complete one of the four each year (patient experience survey, multi-source feedback, peer review or clinical audit).
- One [cultural safety](#) activity per year. This is a new requirement from the MBA and 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 [practice evaluation – reviewing performance](#).
- The [knowledge and skills](#) category is unchanged from the triennial program. You now need to complete at least 12.5 hours of these activities each year to meet registration requirements.
- If you provide direct patient care, one [emergency response](#) per year, relevant to your scope of practice.

You may want to claim CPD hours for clinical support roles and responsibilities which don't involve direct patient care. We've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care. Each is mapped to the ANZCA and FPM roles in practice.

If you practise both anaesthesia and pain medicine

In Australia, the MBA requires you to meet the CPD registration standard of each of your specialties and/or scopes of practice ([MBA Registration standard: Continuing professional development](#)). Our 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 college or other approved recertification providers responsible for both of your vocational scopes of practice. Our 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 of each of your specialties and/or scopes of practice ([MBA Registration standard: Continuing professional development](#)). Our CPD program has been specifically designed to meet the needs of specialist pain medicine physicians. You'll also need to check with the college of any additional specialty 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 or CPD home. If you do your CPD with another college or CPD home, you'll need to ensure you meet the high-level CPD requirements for all specialties in which you are registered. High-level requirements for each specialty are listed on the [MBA website](#).

In New Zealand, the MCNZ requires that you participate in the recertification program offered by the medical college or other approved recertification providers responsible for both of your vocational scopes of practice. Our program is recognised as the recertification program for the vocational scope of pain medicine. 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

Your program runs on an annual cycle (from 1 January to 31 December). If you click on the following links, you will find greater detail on each of the requirements for all specialist pain medicine specialists who are endorsed under the Procedures Endorsement Program in Australia and New Zealand.

- A [plan](#) at the beginning and [evaluation](#) at the end of each year. These are familiar to you from the 2014 CPD program.
- Your activities should be a balance of core activities relating to the sociopsychobiomedical framework of pain medicine, alongside specific procedures-related activities.
- Activities are now measured in hours. We've made this simple to record in the CPD portfolio.
- The practice evaluation category remains but is now divided into two types of activities: [reviewing performance](#) and [measuring outcomes](#). Again, we've made this easier to understand by including activities that are familiar to you. 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.

- The [knowledge and skills](#) category is unchanged from the triennial program. You now need to complete at least 12.5 hours of these each year to meet registration requirements. A minimum of four hours of your knowledge and skills activities each year must relate to procedures in pain medicine, with no more than three hours accrued at industry events.
- One [cultural safety](#) activity per year. This is a new requirement from the MBA and MCNZ. We have 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 [practice evaluation – reviewing performance](#).
- One [emergency response](#) per year, relevant to your scope of practice in pain medicine.

You may want to claim CPD hours for clinical support roles and responsibilities which don't involve direct patient care. We've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care. Each is mapped to the ANZCA and FPM roles in practice.

If you are an ANZCA provisional fellow

CPD requirements

Participation in the ANZCA and FPM CPD Program is part of your training requirements. This is because the program prepares you for specialist practice, so makes your transition to being a specialist anaesthetist (FANZCA) easier.

As a provisional fellow, you need to complete at least 50 hours of CPD. You can choose which activities you record to make up these hours. This may include CPD activities for areas of your training that don't involve direct patient care. We've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care.

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 1 March 2023 to 28 February 2024, all CPD hours you record during this time will count towards your first annual CPD cycle, which will run from 1 March 2024 to 31 December 2024. These dates may be adjusted if you need to enter extended training (PFT-E). For more information, please contact the [CPD team](#).

On completion of your training, you will be automatically and seamlessly transitioned to the CPD program as a fellow participant. 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.

CPD portfolio

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 as part of your PFT training requirements (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.

If you are a specialist international medical graduate

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

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

Upon being admitted to FANZCA you'll be automatically and seamlessly transitioned to our CPD program as a fellow participant. 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 when SIMGs become 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 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.

You'll be provided with access to resources as other ANZCA and FPM 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 registration.

For those practising [anaesthesia](#) or [pain medicine](#), your CPD requirements are the same as others who practise in these areas. You may be included in the college's annual audit process. Our online CPD portfolio makes this process easy.

Enrolment in the program is easy – just email a completed [application form](#) and supporting documentation to the CPD team. Fees for participation are included in 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 diving and hyperbaric medicine

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 activities.

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

You'll be provided with access to resources as other ANZCA and FPM 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 registration.

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

The DHM Sub-committee has developed specific activities, as outlined in the following table.

Table 1: Examples of DHM CPD activities

ANZCA and FPM CPD Program category	Examples of activities
Practice evaluation – reviewing performance	See reviewing performance . There are specific DHM versions of: <ul style="list-style-type: none"> • Patient experience survey (survey, summary form, guidelines). • Multi-source feedback (form, response collation, self-assessment). • Peer review of practice (observation form, guidelines).
Practice evaluation – measuring outcomes	See measuring outcomes .
Knowledge and skills	South Pacific Underwater Medicine Society (SPUMS) conference. Teaching activities in courses approved for DHM training. Supervision of trainees in the Advanced Diploma of DHM.
Emergency response	Central nervous system oxygen toxicity (CNS-OT).

You may want to claim CPD hours for clinical support roles and responsibilities which don't involve direct patient care. We've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care. Each is mapped to the ANZCA and FPM roles in practice.

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

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.

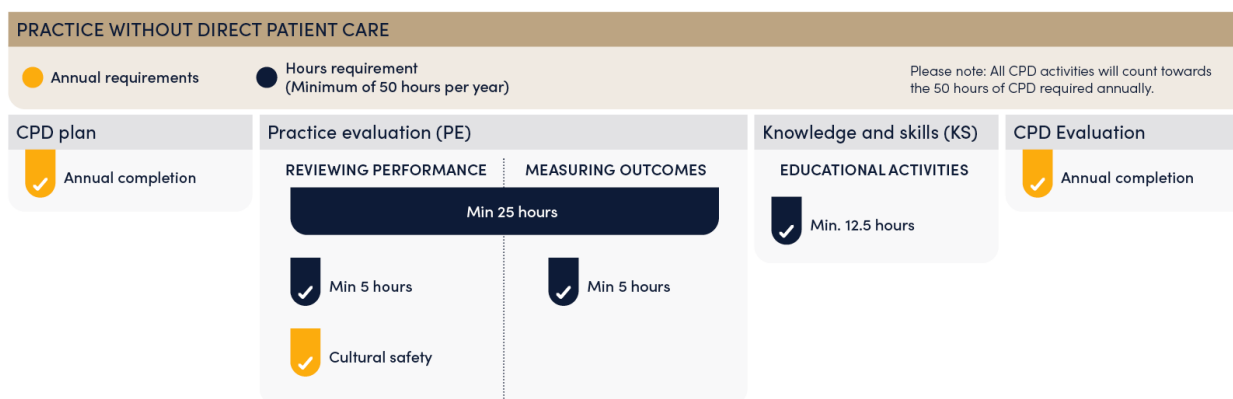
Specific requirements are determined by whether you practise [anaesthesia](#), [pain medicine](#), [anaesthesia and pain medicine](#), [pain medicine and another \(non-anaesthesia\) specialty](#), [pain medicine and are endorsed under the Procedures in Pain Medicine Program](#), [rural generalist anaesthesia](#), [diving and hyperbaric medicine](#), or if you undertake [no direct patient care](#).

If you undertake no direct patient care

The medical board and council definitions of 'practice' are very broad and include any work that uses your medical skills and training, so a specialist anaesthetist or specialist pain medicine physician who works in administration, teaching or quality and safety with no direct patient care is still defined as 'practising' for registration purposes⁴. The requirements of the [MBA](#) and the [MCNZ](#) are therefore the same regardless of whether your practice involves direct patient care or not.

All CPD requirements 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)



As required by the MBA and MCNZ, your program runs on an annual cycle (from 1 January to 31 December). If you click on the following links, you will find greater detail on each of the requirements for each category and how these can be achieved for those without direct patient care.

Your requirements now include:

- A [plan](#) at the beginning and [evaluation](#) at the end of each year. These are familiar to you from the triennial CPD program.
- Activities are now measured in hours. We've made this simple to record in the CPD portfolio. Complete 50 hours of CPD relevant to your scope of practice⁵ and professional development needs, allocated to include:
 - At least 12.5 hours of educational activities ([knowledge and skills](#)). This category is unchanged from the triennial program. You now need to complete at least 12.5 hours of these each year to meet registration requirements.

⁴ **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.

⁵ 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](#).

- At least 25 hours [reviewing performance](#) and [measuring outcomes](#) (with a minimum five hours of each). This is a new regulatory requirement for those without direct patient care. To assist you, we've developed guidance for [reviewing performance and measuring outcomes activities](#) for roles and responsibilities without direct patient care. Each is mapped to the ANZCA and FPM roles in practice.
- 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 [practice evaluation - reviewing performance](#).
- One [cultural safety](#) activity per year. This is a new requirement from the MBA and MCNZ. We have 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 [practice evaluation – reviewing performance](#).
- Keep records for three years after the end of each one-year cycle.

If you undertake no direct patient care, **you are not required to complete one of the four mandatory practice evaluation activities, or an [emergency response](#) activity.**

If you take extended leave

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

- See [taking a career break and returning to anaesthesia practice](#) on the college website.
- In terms of your CPD, your case will be considered according to your individual circumstances under the [CPD Special Consideration Policy](#) (see [if your circumstances require special consideration](#)).

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.

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](#).

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* (expected to be published in the first half of 2023).

We strongly recommend that you seek advice from the Medical Board of Australia/AHPRA or the Medical Council of New Zealand to understand your options in terms of your registration and the implications for future practice.

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 training⁶.

- If you're **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 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.
- 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.
- In Australia, if you have given up your specialist registration but have maintained your **general registration**, you can continue doing self-directed CPD throughout 2023, but the MBA requires that you join a CPD home relevant to your scope of practice by January 2024.
- 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 Medical Board of Australia/AHPRA or Medical Council of New Zealand. Please contact the college [CPD team](#) for further support as we are well versed in these nuances and are happy to help you.

If your circumstances require special consideration

The medical board and council allow for consideration of special circumstances. This might include where you experience serious illness or bereavement. We recognise that these situations can impact on your capacity to meet minimum CPD requirements and will consider your situation discretely, with compassion, and in accordance with the [CPD Special Consideration 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.

To apply for special consideration, please outline your circumstances in writing to the [CPD team](#). Please **apply as soon as you can** to allow us to provide you with support and guidance prior to the end of the year. However, we recognise that may be difficult and will take your circumstances into consideration. Once received, your application will be assessed by the ANZCA and FPM CPD Committee chair or FPM CPD officer, as relevant. We will endeavour to get back to you as quickly as possible once your application is received.

⁶ **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 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 approval by the CPD committee chair.
- If your application is approved, the team will send you a unique recognition code. Course participants can add this code to their CPD portfolios.

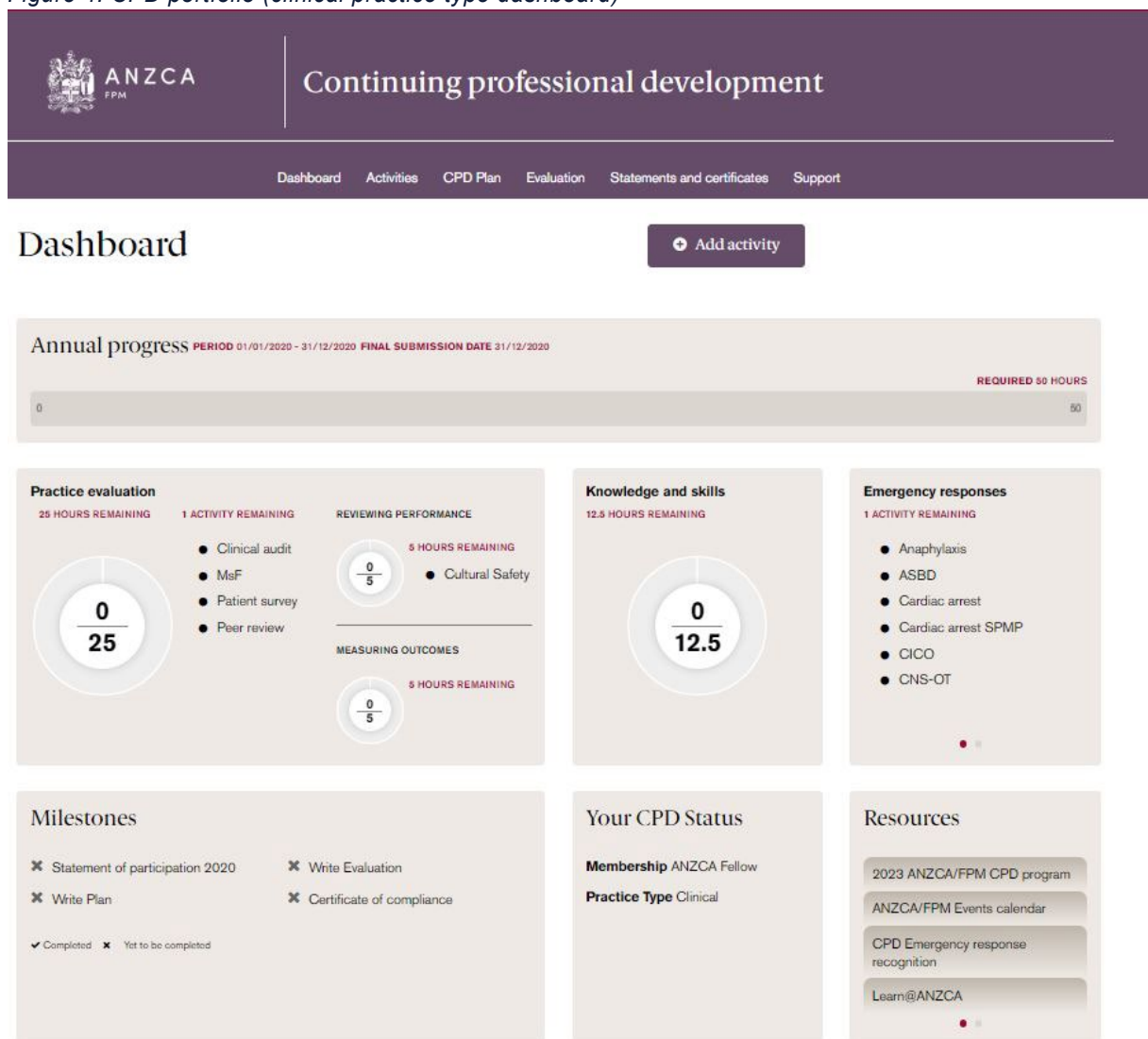
Prior recognition from the college is currently not required for non-emergency response activities. You're welcome to contact the [CPD team](#) for support regarding how activities fit into the ANZCA and FPM CPD Program.

Section 3: What are the specific CPD program requirements?

Online portfolio and evidence

ANZCA and FPM CPD Program participants have access to our online CPD portfolio to record activities and track progress throughout the year. Use of the online portfolio streamlines recording and uploading evidence. It also facilitates audit, either by the medical board or council, or college.

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 plan

Fulfil: MBA and MCNZ requirements (annual planning).

Addresses: Any relevant gaps, your educational needs, and your wellbeing (across all ANZCA roles in practice, wellbeing is included in the professional role).

Your selection: Relevant to your scope(s) of practice.

Claiming hours: You can claim the hours it takes you to plan your CPD activities under [practice evaluation – reviewing performance](#). The hours will count towards the 50 hours of CPD required annually.

Your **annual CPD plan** is readily accessed in the online CPD portfolio. You'll need to complete your CPD plan at the start of the CPD cycle to claim further activities in the portfolio.

It takes little time to complete and helps you identify activities in six easy steps:

1. Review some short questions that identify areas that you want or need to further develop.
2. Select practice evaluation activities with at least one activity for reviewing performance and one activity for measuring outcomes.
3. Select activities under knowledge and skills that meet your identified needs.
4. Select an emergency response activity that you'll complete this year (if you provide direct patient care).
5. Select a cultural safety activity you'll complete this year.
6. Consider activities to support your wellbeing this year.

Your [annual statement of participation](#) will be available once you complete the CPD plan.

Please see the [CPD plan guidance](#) for more information.

Knowledge and skills

Fulfil: MBA and MCNZ requirements (at least 12.5 hours of educational activities).

Addresses: All ANZCA and FPM roles in practice.

Your selection: Relevant to your scope(s) of practice.

Claiming hours: CPD activities are measured in hours. There are no limits on the time which can be recorded for each activity – you should record the time an activity takes, including preparatory time if relevant.

Examples of knowledge and skills activities and evidence required in your online CPD portfolio is in the following table. All activities claimed should be relevant to your scope of practice and/or to the ANZCA or FPM roles in practice (see [annual plan](#)).

Please note that where relevant, the brief activity titles corresponding with those found in the CPD portfolio are indicated in purple italics.

Table 2: Knowledge and skills activities

Activity	Description	Evidence
Attendance at lectures, presentations or education sessions <i>Learning sessions</i>	Face to face scientific meetings, educational conferences or online learning (including podcasts and webinars) organised/provided by ANZCA or FPM, a special interest group (SIG), professional medical organisation, healthcare institution, or research/educational body.	Certificate of attendance/participation/completion, official conference listing of attendees, written confirmation of registration or screen shot of online resources. Hours for college events will be automatically uploaded to your CPD portfolio. Please note you will need to confirm the activity for the hours to be added to your annual total.
Presenting at regional/national/international conferences/meetings <i>Presenting</i>	Presentation of topics 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.	Program, published abstract or written invitation from organising committee.

Activity	Description	Evidence
Short course, workshops, problem-based learning discussions and small group discussions <i>Short format learning</i>	Small group learning which may include teaching or learning a new skill, and which has an interactive and/or hands on component. Examples include an 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 sessions.	Certificate of attendance and/or completion. Hours for college events will be automatically uploaded to your CPD portfolio. Please note you will need to confirm the activity for the hours to be added to your annual total.
Courses toward a formal qualification <i>Formal courses</i>	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). 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.	Certificate of enrolment, start and end date. Formal award upon completion.
Teaching including preparing and presenting tutorials <i>Teaching</i>	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. Please note informal teaching, such as in theatre or pain clinic teaching and trainee supervision, is excluded from this activity.	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 <i>WBA of trainees</i>	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.	Assessments completed in the ANZCA TPS will be automatically uploaded in the CPD portfolio. Please note you will need to confirm the activity for hours to be added to your annual total.

Activity	Description	Evidence
Review of ANZCA/FPM fellows or trainees	Reviews completed by supervisors of training, education officers, specialised study unit supervisors, department scholar role tutors, facilitators for multi-source feedback, or feedback providers for patient experience surveys.	Trainee or fellow's name.
Examining, including writing and marking questions <i>Examining</i>	Participation as an examiner in the ANZCA primary or final examination or FPM fellowship examination, external long case assessment, assessment of a clinical case study, or in examinations for undergraduate or postgraduate students in medicine at a recognised tertiary institution or medical college. Please note: ANZCA primary examination viva voce and final examiners participating in group viva discussions and assessor activities; and FPM examiners participating in group SOV and OSCE discussions and assessor activities can claim CPD credits in practice evaluation – reviewing performance under <i>examiner for the ANZCA anaesthesia primary and final and FPM fellowship exams</i> .	Written invitation or roster.
Journal reading	Reading of peer reviewed journals independently or as part of a journal club.	Copy of first page of each article, reference list of read articles, or journal club schedule.
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.	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.	Written request of involvement from research organisation, grant body, or institutional ethics committee.

Activity	Description	Evidence
Publication of a manuscript in a peer reviewed journal or book chapter <i>Publications</i>	Publication of scientific or educational content in a peer reviewed journal, or a book chapter in a recognised publication relevant to your practice.	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 your practice. Editor, deputy editor, or reviewer of a peer-reviewed journal.	Written request to review manuscript.
Participation in committees, sub-committees, and project groups <i>Committee work</i>	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.	Documentation, agenda, or first page of meeting minutes.
Hospital or practice attachments	Extended leave of absence from normal duties taken to broaden your knowledge and skills in a particular area of practice.	Written confirmation from head of department or practice where attachment was completed.
Overseas aid work	The broadening of knowledge and skills via contribution to aid efforts.	Correspondence confirming participation.
Other assessment of trainees, including clinical placement and core unit reviews <i>Trainee assessment – other</i>	Assessments completed by a fellow in the role of supervisor of training, education officer or specialised study unit supervisor.	Trainee's name.

Activity	Description	Evidence
Wellbeing CPD education sessions	Active participation in a wellbeing related educational conference, workshop, small group discussion, or online learning module (including podcast/webinars) organised or provided by ANZCA or FPM, a special interest group, professional medical organisation, or healthcare institution. Learnings relate to self-care and wellbeing applied to your professionalism and performance, which demonstrates a commitment to one's own health, and wellbeing to foster optimal patient care. See the wellbeing education session guidelines for more information.	Certificate of attendance/participation.

Reviewing performance

Fulfil: MBA and MCNZ requirements (minimum five hours reviewing performance per year).

Addresses: Various ANZCA and FPM roles in practice.

Your selection: Relevant to your scope(s) of practice.

Claiming hours: CPD activities are measured in hours. There are no limits on the time which can be recorded for each activity – you should record the time an activity takes, including preparatory time if relevant.

Reviewing performance for roles and responsibilities that involve direct patient care.

(Note that you are required to complete one of the four mandatory practice evaluation activities each year: these are highlighted in the table).

Please note that where relevant, the brief activity titles corresponding with those found in the CPD portfolio are indicated in purple italics.

Table 3: Reviewing performance activities for roles and responsibilities that involve direct patient care

Activity	Requirements	Evidence required
Annual structured conversation/performance appraisal	<p>This is a formal structured meeting with the head of department, practice lead, 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.</p> <p><i>This activity meets the MCNZ requirement for a structured conversation with a colleague, employer or peer at least annually. Please see the annual structured conversation guide and template form to support your completion of this activity.</i></p>	Statement from the appraiser, containing the name of the practitioner, the date of the conversation/appraisal, and the name and role of the individual conducting the conversation/appraisal.
Cultural safety activity	<p>All participants must complete at least one activity per year.</p> <p>See cultural safety.</p>	Certificate of attendance/participation/completion, or written confirmation of course registration, or screen shot of online resource.

Activity	Requirements	Evidence required
<p>Patient experience survey [obtain feedback from patients/parents on the care you provide]</p>	<p>Minimum 15 patients or parents (cross-section from usual practice).</p> <p>Use a validated tool</p> <p>Adult anaesthesia</p> <p>Paediatric anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p> <p>Administration guidelines</p> <p>Adult anaesthesia</p> <p>Paediatric anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p>	<p>Completed patient experience survey confidentiality and CPD completion form.</p> <p>Copy of blank survey form (if different from the ANZCA, FPM and DHM ones at left)</p>
<p>Multisource feedback (MsF) [obtain feedback from colleagues and co-workers on your performance]</p>	<p>Minimum six colleagues or co-workers you regularly work with.</p> <p><u>For anaesthesia</u>: surgeon/ proceduralist, anaesthetic assistant, another anaesthetist if possible, trainees if you supervise.</p> <p><u>For pain medicine</u>: multidisciplinary team members (if you are more isolated include those who refer patients to you).</p> <p>Form includes at least 15 attributes covering a range of behaviours (clinical work, communication, teamwork, professionalism, teaching, as relevant).</p>	<p>Completed CPD MsF confidentiality and verification form.</p> <p>Copy of blank survey form (if different from the ANZCA, FPM and DHM ones at left).</p>

Activity	Requirements	Evidence required
MsF (cont.)	<p>Suitable forms</p> <p>Anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p> <p>Administration guidelines</p> <p>Anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p> <p><i>Note that you must seek feedback from a colleague (who can claim their time for this under knowledge and skills).</i></p>	
Peer review of practice [review your practice with assistance from a trusted colleague]	<p>Select and approach a colleague to observe your practice over a half day, record their observations and lead a feedback discussion on patient care.</p> <p>This should include a range of ANZCA or FPM roles in practice. Minimum requirement is patient management, communication, teamwork, and management (of list, clinic, or consulting room work).</p> <p>Peer review of practice form</p> <p>Anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p>	<p>Copy of blank survey form (if different from the ANZCA, FPM and DHM ones at left).</p> <p>Both participants (reviewer and recipient) can claim time spent on this activity.</p>

Activity	Requirements	Evidence required
Peer review (cont.)	<p>Guidelines</p> <p>Anaesthesia</p> <p>Diving and hyperbaric medicine</p> <p>Pain medicine</p> <p>Procedures in pain medicine</p>	
Case discussions/ conferencing	<p>Presentation and discussion of cases with at least three participants (may be multidisciplinary) to review management options.</p> <p>Refer to the case conferencing guidelines for more information.</p>	Log of discussion times and colleagues present.
Team training scenario within own work environment, with usual work team <i>Team scenario</i>	<p>Training scenario with usual team with education, practice, and feedback on team performance (for example orientation to new procedure, revised algorithm, or safety protocol practice).</p>	Short summary of scenario and team members or document confirming participation.
Examiner for the ANZCA anaesthesia primary and final and FPM fellowship exams <i>Examiner ANZCA/FPM fellowship exams</i>	<p>Group viva discussion and examiner assessor activities during the primary examination viva voce and the final fellowship examination of ANZCA trainees, including medical, clinical and anaesthesia vivas.</p> <p>Participation as an examiner in the process of group viva and observed structured clinical examination (OSCE) discussion and assessor activities during the FPM fellowship exam.</p>	Written correspondence confirming participation (for example roster, invitation).
Hospital and simulation centre inspections/ accreditation	<p>Examples include ANZCA, FPM and DHM site visits, national accreditation bodies such as the Australian Council of Healthcare Standards, health certification in New Zealand, simulation centres for EMAC delivery.</p>	Documentation confirming participation or meeting schedule or first page of report with date and team members.

Activity	Requirements	Evidence required
Assessor for SIMG performance assessments and competence reviews	Involvement in the assessment of international specialists for 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.	Letter of request or correspondence confirming participation.
Medicolegal 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.	Letter of invitation to provide a report or to act as an expert witness.

Reviewing performance for roles and responsibilities without direct patient care

We've developed guidance on reviewing performance activities applicable to roles and responsibilities which do not involve direct patient care. Please see the [practice without direct patient care support document](#) for more information.

Measuring outcomes

Fulfil: MBA and MCNZ requirements (minimum five hours measuring outcomes per year).

Addresses: Various ANZCA and FPM roles in practice.

Your selection: Relevant to your scope(s) of practice.

Claiming hours: CPD activities are measured in hours. There are no limits on the time which can be recorded for each activity – you should record the time an activity takes, including preparatory time if relevant.

Measuring outcomes for roles and responsibilities that involve direct patient care

(Note that you are required to complete one of the four mandatory practice evaluation activities each year: these are highlighted in the table)

Please note that where relevant, the brief activity titles corresponding with those found in the CPD portfolio are indicated in purple italics.

Table 4: Measuring outcomes activities for roles and responsibilities that involve direct patient care

Activity [purpose]	Requirements	Evidence required
Clinical audit of own practice or significant input into group audit of practice [measure own patient outcomes to drive continuous improvement] <i>Clinical audit</i>	Use an identified standard to measure current outcomes. Discuss these with a colleague. Audit can involve just you or you may audit with a group of practitioners in one or more disciplines (for example an anaesthetist and surgeon working together might jointly audit their patient outcomes) The process may be repeated regularly for a continuous improvement cycle. Refer to our clinical audit guidelines and anaesthesia/pain medicine clinical audit templates for further information.	Summary of audit results and contact details of colleague with whom you discussed results.
Report of clinical audit findings	Documentation of audit results including recommendations and resultant changes. May also include presentation and discussion of findings, either locally or at a conference.	Short summary of recommendations and resultant changes. Front page of report or correspondence regarding confirmation of presentation.

Activity [purpose]	Requirements	Evidence required
Morbidity/mortality meetings <i>M&M</i>	Interactive discussion with a group of clinicians with those involved in individual cases present. Includes review of management to understand factors (including those related to systems) contributing to mortality or morbidity.	Attendance sheet, diary entry or confirmation of attendance from department, group, or practice.
Incident monitoring/reporting	Learning from adverse events and near misses to improve care quality by preparing an incident report, considering why the incident occurred, and future actions (including systems changes) to prevent similar events. May be undertaken via department, unit, or group. May be reported via web-based system (for example WebAIRS).	Summary of event, statement from department, unit or group, or record of reporting system entry.
Root cause analysis (RCA)	Structured method of analysing serious adverse events to identify active and latent errors. May be organised by department, unit, group, practice, or hospital.	Correspondence confirming participation or short summary of RCA outcome.
Review of patient care pathways	Active participation in projects to review and redesign (including co-design) patient care pathways.	First page of meeting agenda or minutes or other record of meeting attendance.

Measuring outcomes for roles and responsibilities without direct patient care

We've developed guidance on measuring outcomes activities applicable to roles and responsibilities which do not involve direct patient care. Please see the [practice without direct patient care support document](#) for more information.

Emergency response

Fulfil: MBA and MCNZ requirements (as high-level requirements for all specialist anaesthetists and specialist pain medicine physicians).

Addresses: ANZCA and FPM roles in practice (medical expert/clinician, collaborator, communicator).

Your selection: Relevant to your scope(s) of practice.

Claiming hours: CPD activities are measured in hours. There are no limits on the time which can be recorded for each activity – you should record the time an activity takes, including preparatory time if relevant. Hours claimed for emergency response activities will be counted towards the practice evaluation – measuring outcomes total. The online CPD portfolio will automatically record emergency response activity hours.

An emergency response is required each year for all participants, except for those who have [no direct patient care](#).

Table 5: Emergency response activities

Activity	Requirements	Evidence required
Management of can't intubate, can't oxygenate (CICO)	<p>Education session or course with:</p> <ul style="list-style-type: none"> • A face-to-face or online simulation component. • Prospective recognition by the ANZCA CPD team. <p>Sessions are recognised if they meet the learning objectives of the CICO education session guidelines. See if you are a CPD activity provider for more information.</p>	Completion certificate from a recognised provider.
Management of cardiac arrest	<p>Education session or course with:</p> <ul style="list-style-type: none"> • A face-to-face or online simulation component. • Prospective recognition by the ANZCA CPD team. <p>Sessions are recognised if they meet the learning objectives of the cardiac arrest education session guidelines. See if you are a CPD activity provider for more information.</p>	Completion certificate from a recognised provider.
Management of cardiac arrest for specialist pain medicine physicians	<p>Education session or course with:</p> <ul style="list-style-type: none"> • A face-to-face or online simulation component. • Prospective recognition by the ANZCA CPD team. 	Completion certificate from a recognised provider.

Activity	Requirements	Evidence required
	Sessions are recognised if they meet the learning objectives of the cardiac arrest education sessions (specialist pain medicine physicians) guidelines . See if you are a CPD activity provider for more information.	
Management of anaphylaxis	Education session that is prospectively recognised by the ANZCA CPD team. Sessions are recognised if they meet the learning objectives of the anaphylaxis education session guidelines . See if you are a CPD activity provider for more information.	Completion certificate from a recognised provider.
Management of major haemorrhage	Education session or course that is: <ul style="list-style-type: none"> • Face-to-face or online. • Prospectively recognised by the ANZCA CPD team. Sessions are recognised if they meet the learning objectives of the major haemorrhage education session guidelines . See if you are a CPD activity provider for more information.	Completion certificate from a recognised provider.
Management of acute severe behavioural disturbance (ASBD) in adults	Education session that is prospectively recognised by the ANZCA CPD team. Sessions are recognised if they meet the learning objectives of the ASBD in adults education session guidelines . See if you are a CPD activity provider for more information.	Completion certificate from a recognised provider.
COVID-19 airway management	Education session or course with: <ul style="list-style-type: none"> • A face-to-face or online simulation component. • Prospective recognition by the ANZCA CPD team. Sessions are recognised if they meet the learning objectives of the COVID-19 airway management education session guidelines . See if you are a CPD activity provider for more information.	Completion certificate from a recognised provider.

Activity	Requirements	Evidence required
Management of Central Nervous System Oxygen Toxicity (CNS-OT)	<p>Education session or course with:</p> <ul style="list-style-type: none">• A face-to-face or online simulation component.• Prospective recognition by the ANZCA CPD team. <p>Sessions are recognised if they meet the learning objectives of the CNS-OT education session guidelines. See if you are a CPD activity provider for more information.</p>	Completion certificate from a recognised provider.

Cultural safety

Fulfil: MBA and MCNZ requirements.

Addresses: All ANZCA and FPM roles in practice.

Your selection: Relevant to your scope(s) of practice.

Claiming hours: All fellows and other CPD participants must complete an annual activity, with hours claimable under [practice evaluation – reviewing performance](#).

Cultural safety activities allow you to explore culturally different expectations for clinical communication/behaviour and 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 promotes understanding of medical beliefs and behaviours that relate to your own and others' cultures, and where necessary, to guide others in adapting to the Australian or New Zealand context.

Please see the [cultural safety activity guidance](#) for examples of activities you could complete to fulfil this requirement.

Annual evaluation

Fulfil: MBA and MCNZ requirements (annual self-evaluation of your CPD activities).

Addresses: Any relevant gaps, your educational needs, and your wellbeing (across all ANZCA roles in practice, wellbeing is included in the professional role).

Your selection: Relevant to your scope(s) of practice.

Claiming hours: You can claim the hours it takes you to self-evaluate your CPD activities under practice evaluation – reviewing performance. The hours will count towards the 50 hours of CPD required annually.

The evaluation is available in your CPD portfolio.

To complete the evaluation, review the CPD plan you developed at the start of the year and the activities you have completed. If you've included notes in the text box provided when recording each activity, reviewing these notes will make the evaluation process much easier. Consider the relative learning value of activities, any problems encountered, and how effective activities were in helping you put new learning into practice.

Annual statement of participation and certificate of compliance

Statement of participation

You can use this statement to demonstrate that you're actively enrolled in an accredited CPD program.

The statement will be available in your CPD portfolio when you've completed your CPD plan. You can access this statement at your convenience throughout the year. You can also email the statement to yourself or a third party directly from the CPD portfolio.

Certificate of compliance

The certificate of compliance will be available in your CPD portfolio when you have completed all the minimum requirements relevant to your practice type (see [section 2](#)).

If you've been selected for verification, you can access your certificate of compliance after the verification process is complete.

Random audit (verification) of completed CPD activities

As a condition of CPD accreditation, the Medical Board of Australia (MBA)/ Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) require us to implement a random audit process. As part of this process, a minimum seven per cent of all fellows (including ANZCA fellows and FPM fellows) and other CPD participants are randomly selected to have their activity records verified each year.

Mandatory compliance policy

Compliance with CPD is mandated by ANZCA and FPM and is a requirement 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 or post.

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

- The evidence documents you provided have confirmed your recorded CPD activities and the verification process is complete; or
- Clarification of the evidence you submitted or further evidence documents is required to complete the verification process.

As the online CPD portfolio allows you to upload evidence as you complete CPD activities and automatically records college activities such as events and assessments completed in the training portfolio system (TPS), the verification process should be relatively straightforward. We encourage you to upload evidence for non-college events and activities as you go to readily facilitate the verification process if you're selected.

Evidence

You'll need to manually verify college events and other activities which automatically populate in the CPD portfolio for the hours to count towards your annual total. You don't need to add 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.

If you don't upload evidence when you record the CPD activity, you can upload evidence documents into the CPD portfolio or send them to the CPD team via email or post when you are notified of your inclusion in the verification process.

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 you 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 alternative 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 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.

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.

Privacy

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

No annual verification in 2023

As 2023 is a transitional year, we're focusing CPD resources on supporting fellows, trainees, SIMGs, and other CPD participants as they start the updated annual program. As a result, there will be no verification of CPD activities in 2023. This provides time for you to become familiar with the upgraded system and the CPD team with more time to assist you. Please reach out to us if you need help.

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 our CPD program is on the educational outcomes of the activities and how participants review feedback to improve practice. For these activities, the evidence required by us for verification relates to:

- 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 your responsibility to ensure that all privacy obligations are met, and any necessary consent is obtained. You must ensure you follow your hospital/private practice privacy policy and that the patient has consented as per the policy.

Australia

The following four practice evaluation activities are protected by the Commonwealth Qualified Privilege 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. If you have any questions about what you can upload as evidence of your CPD activities, please contact the [CPD team](#).

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 practice evaluation and emergency response categories are registered as a PQAA.

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](#).

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 both meet requirements, streamline recording, and anticipate and simplify auditing.

Our dedicated CPD staff – Nadja and her team – 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 or phone +61 3 9510 6299. CPD team members are also available for in-person appointments at ANZCA House in Melbourne and at the ANZCA/FPM Annual Scientific Meeting every year.

Appendices

The following appendices are available for download from the CPD portfolio as separate documents to this handbook. Please note 'A' indicates an appendix for anaesthetists, 'PM' indicates an appendix for pain medicine specialists, 'AP' indicates for anaesthetists paediatric, 'DHM' for diving and hyperbaric medicine and 'PPM' for procedures in pain medicine.

Appendix 1A	Patient experience survey (anaesthesia practice)
Appendix 1.1A	Patient experience survey summary form (anaesthesia practice)
Appendix 1AP	Paediatric patient/parent satisfaction survey (anaesthesia practice)
Appendix 1.1AP	Paediatric patient/parent survey summary form (anaesthesia practice)
Appendix 1DHM	Patient experience survey (diving and hyperbaric medicine practice)
Appendix 1.1DHM	Patient experience survey summary form (diving and hyperbaric medicine practice)
Appendix 1PM	Patient experience survey (pain medicine practice)
Appendix 1.1PM	Patient experience survey summary form (pain medicine practice)
Appendix 1PPM	Patient experience survey (procedures in pain medicine practice)
Appendix 1.1PPM	Patient experience survey summary form (procedures in pain medicine practice)
Appendix 2A	Patient experience survey guidelines (anaesthesia practice)
Appendix 2AP	Paediatric patient/parent survey guidelines (anaesthesia practice)
Appendix 2DHM	Patient experience survey guidelines (diving and hyperbaric medicine practice)
Appendix 2PM	Patient experience survey guidelines (pain medicine practice)
Appendix 2PPM	Patient experience survey guidelines (procedures in pain medicine practice)
Appendix 3	Patient experience survey confidentiality and CPD verification form
Appendix 4A	Multi-source feedback form (anaesthesia practice)
Appendix 4.1A	Multi-source feedback response collation form (anaesthesia practice)
Appendix 4.2A	Multi-source feedback self-assessment form (anaesthesia practice)
Appendix 4DHM	Multi-source feedback form (diving and hyperbaric medicine practice)
Appendix 4.1DHM	Multi-source feedback response collation form (diving and hyperbaric medicine practice)
Appendix 4.2DHM	Multi-source feedback self-assessment form (diving and hyperbaric medicine practice)
Appendix 4PM	Multi-source feedback form (pain medicine practice)
Appendix 4.1PM	Multi-source feedback response collation form (pain medicine practice)
Appendix 4.2PM	Multi-source feedback self-assessment form (pain medicine practice)

Appendix 4PPM	Multi-source feedback form (procedures in pain medicine practice)
Appendix 4.1PPM	Multi-source feedback response collation form (procedures in pain medicine practice)
Appendix 4.2PPM	Multi-source feedback self-assessment form (procedures in pain medicine practice)
Appendix 5A	Multi-source feedback guidelines (anaesthesia practice)
Appendix 5DHM	Multi-source feedback guidelines (diving and hyperbaric medicine practice)
Appendix 5PM	Multi-source feedback guidelines (pain medicine practice)
Appendix 5PPM	Multi-source feedback guidelines (procedures in pain medicine practice)
Appendix 6	Multi-source feedback confidentiality and CPD verification form
Appendix 7A	Peer review of practice observation form (anaesthesia practice)
Appendix 7DHM	Peer review of practice observation form (diving and hyperbaric medicine practice)
Appendix 7PM	Peer review of practice observation form (pain medicine practice)
Appendix 7PPM	Peer review of practice observation form (procedures in pain medicine practice)
Appendix 8A	Peer review of practice guidelines (anaesthesia practice)
Appendix 8DHM	Peer review of practice guidelines (diving and hyperbaric medicine practice)
Appendix 8PM	Peer review of practice guidelines (pain medicine practice)
Appendix 8PPM	Peer review of practice guidelines (procedures in pain medicine practice)
Appendix 9	Peer review of practice agreement form
Appendix 10	Clinical audit guidelines
Appendix 11	Case discussion/conferencing guidelines
Appendix 12	Guidelines for CICO education sessions
Appendix 13	Guidelines for cardiac arrest education sessions
Appendix 14	Guidelines for anaphylaxis education sessions
Appendix 15	Guidelines for major haemorrhage education sessions
Appendix 16	Guidelines for Acute Severe Behavioural Disturbance (ASBD) in adult patients education session
Appendix 17	Guidelines for cardiac arrest education sessions specialist pain medicine physicians (SPMP)
Appendix 18	Guidelines for Central Nervous System oxygen toxicity (CNS-OT) education sessions
Appendix 19	Guidelines for COVID-19 airway management education sessions

Appendix 20	Mapping CPD program to ANZCA/FPM Roles in Practice
Appendix 21	Guidelines for CPD Wellbeing education sessions
Appendix 22	CPD Plan
Appendix 23	CPD Evaluation
Appendix 24	Clinical practice type – Support document
Appendix 25	Practice without direct patient care – Support document
Appendix 26	Annual structured conversation form
Appendix 27	Annual structured conversation guide
Appendix 28	Cultural safety activity guidance