



ANZCA and FPM CPD Program

Practice without direct patient care toolkit (supporting patient care)

1. Purpose of this toolkit

The college supports ANZCA and FPM fellows and other Continuing Professional Development (CPD) participants to identify and complete CPD activities appropriate to their roles that don't involve direct patient care but that support the health system and patient care.

A primary focus of this toolkit is the 2023 [Medical Board of Australia](#) (MBA) and [Medical Council of New Zealand](#) (MCNZ) requirement for all practitioners to review their performance and measure outcomes of their practice as part of CPD. Knowledge and skills activities are already familiar within the ANZCA and FPM CPD Program, so are not covered in any detail here (see the [CPD activity guide](#) for more information on these activities).

This toolkit focuses on CPD. Questions about medical registration should be directed to the MBA or the MCNZ, as relevant.

2. CPD for clinical support roles library guide

This toolkit is supported by the [CPD for clinical support roles library guide](#) that allows you to identify your work roles and find relevant CPD activities with examples of how to meet requirements, along with supporting resources.

Table 1. CPD for clinical support roles - Library guide content

Your work role	Examples of CPD to address that work role	Resources to support CPD activity for this work role
What you do at work. [e.g. I teach]	<p>Key areas to consider [e.g. planning effective teaching and learning]</p> <p>Examples of CPD activities for:</p> <ul style="list-style-type: none"> Category 1 Practice evaluation [e.g. Ask a colleague to complete a peer review of educational practice by observing one of your teaching sessions and providing feedback on the <i>teaching and facilitating learning</i> domain.] Category 2 Knowledge & skills [e.g. Attend face-to-face or virtual learning sessions relevant to your teaching practice (for example: conferences, podcasts, webinars; see key areas to consider). Claim time spent doing this under learning sessions.] 	<p>College and external resources to support the suggested CPD activities.</p> <p>[e.g. ANZCA educators program, SOT support hub, articles on teaching practice]</p>

This toolkit and the library guide were developed by fellows, most of whom practice without direct patient care, primarily for those whose full scope of practice is without direct patient care. However, fellows and other CPD participants in clinical practice will find the library guide also assists CPD planning for their clinical support roles (like teaching, research, leadership, and clinical governance).

3. The ANZCA and FPM roles in practice define our roles as specialists

All ANZCA and FPM CPD activities are based on the ANZCA and FPM roles in practice (Figures 1 and 2 below). These are the high-level roles of every specialist as a medical expert/clinician, communicator, collaborator, professional and so on.

These roles are based on the CanMEDS roles of the Royal College of Physicians and Surgeons of Canada. With permission, they are used by the college for the ANZCA and FPM CPD Program and for the anaesthesia, pain medicine and other college training programs. The use of the same framework as the foundation for training and CPD means that some of the resources (like library guides) used in the training programs can be used by fellows for their CPD. It also means that there is continuity when trainees become specialists and continue their lifelong career learning path.

Figure 1: ANZCA roles in practice



Figure 2: FPM roles in practice



4. General guidance on ‘practice’

4.1 How is ‘practice’ defined?

‘Practice’ is defined by the organisations that register medical practitioners in each country.

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

The Council defines the practice of medicine as including any of the following:

- advertising, holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand.
- signing any medical certificate required for statutory purposes, such as death and cremation certificates.
- prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners or designated prescribers.
- assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education (CME), wherever there could be an issue of public safety.

Notes to the MCNZ definition

'Practice' in this context goes wider than clinical medicine to include teaching, research, medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

4.2 What is 'practice without direct patient care'? Does my practice fit into this category?

The ANZCA and FPM CPD Program asks fellows and other CPD participants to self-identify if they are practising without direct patient care.

In college professional document PS42A¹, there are two important definitions that help each of us understand what 'practice without direct patient care' means.

- **Clinical support time:** "time spent performing duties or fulfilling roles other than the provision of individual patient care, aimed at improving quality of patient care and ensuring compliance with training requirements. Duties during clinical support time are numerous and include teaching, quality assurance, research, lecture preparation, committee work, development of training programs, CPD activities, trainee assessment and management tasks, report preparation, service improvement and design, and complaint management. Clinical support time does not include general administrative tasks, such as financial management and rostering."
- **Clinical time:** "time spent in the direct provision of patient care."

'Practice without direct patient care' is where all the work roles you undertake do not involve 'clinical time' (as defined above). This includes any participant who has ceased their clinical role and solely works in medical activities like those listed in the 'clinical support time' definition above.

4.3 Which of my various work activities constitute CPD?

The definition of CPD accepted 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".

There is sometimes a grey area between the work itself and CPD, although generally the latter is about evaluating and reflecting on your work roles, to improve your performance and the outcomes of your work. Sometimes evaluation and reflection are integrated within the work itself. If you're not sure, the [CPD team](#) can help you.

¹ ANZCA professional document [PS42\(A\) Position statement on staffing of accredited departments of anaesthesia](#). 2017.

Of course, all your CPD activities must be relevant to your medical practice. For example, being a director of a local school board (and related professional development) are not sufficiently relevant to medical registration requirements and your medical practice, and thus are not recorded towards your medical CPD.

5. Planning your CPD

The cycle in Figure 3 is useful for planning and regular review of your CPD. Most of the stages in this cycle involve asking yourself how well your annual CPD plan or a prior CPD activity improved your knowledge, skills, and professional attributes, and working out how you will build on your previous year's plan or recent CPD activities to further develop your practice.

Relevant questions that support your cyclical reflection are built into the annual CPD plan in the electronic CPD portfolio. During each year (i.e. apart from your annual planning process), you may revisit your plan and ask yourself similar questions, before and after specific CPD activities. You may wish to do this more formally by undertaking a mid-year [critical reflection activity](#).

Figure 3: The PDP cycle²



6. CPD requirements and categories: how do I meet these?

6.1 What are the CPD requirements for those who practice without direct patient care?

CPD requirements for those who practice without direct patient care are summarised in Figure 4 below. If you practise no direct patient care you don't need to complete category 3 Emergency response.

In practical terms, the new 2023 MBA and MCNZ requirements have introduced an additional area of CPD activities for those who practice without direct patient care. Prior to 2023, these participants just needed to complete Category 2 Knowledge and skills activities. They now also need to complete Category 1 Practice evaluation activities in the two sub-categories of reviewing performance and measuring outcomes.

²Source: [Royal Australasian College of Medical Administrators CPD handbook](#). Used with permission.

Figure 4: Practice without direct patient care CPD requirements



6.2 Practice evaluation

Each year, as a regulatory requirement, all CPD participants must complete at least 25 hours of Category 1 Practice evaluation activities with at least five hours in each of the two practice evaluation sub-categories (Reviewing performance and Measuring outcomes).

What is 'Practice evaluation - Reviewing performance'?

The college defines this as *“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 processes.”*

The activities in this category provide feedback on your performance which validates what you are doing currently and identifies areas for further improvement. Meaningfully reflecting on performance feedback allows you to learn and improve your practice.

Examples of reviewing performance activities are in Table 2 below. More information is in the [practice evaluation category criteria](#).

What is 'Practice Evaluation - Measuring outcomes'?

The college defines this as *“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.”*

Measuring outcomes is about using data from your work to demonstrate your awareness of current evidence and best practice in a selected area. This helps ensure high quality performance in your scope of practice.

Examples of measuring outcomes activities are in Table 2 below. More information is in the [practice evaluation category criteria](#).

6.3 Which CPD activities review performance and which measure outcomes?

The ANZCA and FPM CPD Program uses the term 'activities' to refer to the generic CPD activities that you undertake to meet CPD requirements.

To assist your planning, Table 2 shows which activities fall into which of the three categories required of those who practise without direct patient care.

Note that, for clarity, each activity is classified into only one category. This table is not the complete list of all activities in the ANZCA and FPM CPD Program, as some activities are clearly primarily relevant to direct patient care (e.g., patient experience survey). Please check the full list of activities in the [CPD activity guide](#) or contact the [CPD team](#) with any questions.

Table 2: Classification of CPD activities for those who practise without direct patient care

CPD activities for those who practice without direct patient care		
Category 1 Practice evaluation		Category 2 Knowledge & skills
Reviewing performance	Measuring outcomes	
Accreditation inspection/review	Analysing healthcare outcomes	Education development
Annual structured conversation/performance appraisal (M in New Zealand)	Clinical governance	Education/research committee work
Case conference	Clinical governance/quality assurance committee work	Examining, including marking and writing questions
CPD plan & evaluation (M)	Incident monitoring	Formal courses
Cultural safety (M)	M & M meetings	Global development
Examiner ANZCA exams/FPM fellowship	Practice audit	Hospital or practice attachments
Medico-legal reports	Quality improvement project	Journal reading
Mentoring	Report of audit findings	Leadership and management skills
Multi-source feedback (MsF)	Review patient pathways	Presenting
Peer review	Root cause analysis	Publication
Peer review of educational practice		Research
Peer support groups		Review of ANZCA/FPM fellows#
SIMG PA assessor		Reviewer, grant applications
Team scenario		Reviewer/editor of journal
		Short format learning
		Teaching
		Trainee assessment - reviews
		WBA of trainees
		Wellbeing education sessions

* Most activities are optional, those marked with M are mandatory

Includes scholar role activities and feedback for the purposes of CPD (e.g., feedback on MsF-CS)

Each activity under Category 2 Knowledge & skills is supported by a short description, examples and information about the evidence required.

Most Category 1 Practice evaluation activities are supported by a guideline and many also have practical forms to support the activity (like tools, collation forms, verification forms); these guidelines and forms are listed in the [CPD activity guide](#) and on the [CPD guidelines and forms webpage](#).

6.4 Category 2 Knowledge & skills

Those who practice without direct patient care select knowledge & skills activities relevant to their scope of practice. These may include individual activities (e.g., journal reading, listening to podcasts, teaching) and group activities (e.g., attending conferences, workshops, wellbeing sessions). Hours spent on these each year can be claimed as outlined in the [CPD handbook](#) and recorded in the CPD portfolio to meet minimum annual

requirements (at least 12.5 hours of Category 2 Knowledge and skills activities each calendar year).

6.5 Are there limits on the hours I can record for each activity?

No. The ANZCA and FPM CPD Program does not impose annual limits on the hours which can be recorded for each activity and you should record the time that it takes. Make sure you have the required documentation in case you are randomly selected for annual verification (audit). The evidence required is listed in the [CPD activity guide](#) against each activity.

6.6. My CPD activity doesn't fit into the listed activities in the ANZCA and FPM CPD Handbook and isn't in the drop-down menu in the electronic CPD portfolio: What should I do?

If you can't find your CPD activity in the CPD handbook and the drop-down menus in the e-portfolio, you may place it in one of the following categories:

- Other – practice evaluation – reviewing performance
- Other – practice evaluation – measuring outcomes

To enter an activity under the 'other' field, you will need to provide information showing how the activity meets the criteria for the relevant category. More information on these criteria is in the [practice evaluation category criteria](#).

The CPD Team is happy to provide guidance and answer your questions about how to classify activities and whether your activity meets the criteria for the two practice evaluation categories.

6.7 Do I need to be working in a department, group, or institution to undertake CPD activities?

The short answer is 'no'. Whilst in Australia you need to be registered with a CPD Home, in Australia or New Zealand you do not need to be working in an organisation (e.g., a practice, hospital, health service) to complete your CPD activities.

Recognising it is more challenging to complete CPD activities when you do not have an institutional attachment, Table 3 provides guidance on activities within the ANZCA and FPM CPD Program that are accessible for your CPD. Activities chosen must be relevant to your scope of practice. These are only examples - more information is in the [CPD activity guide](#), including a list of all activities, what each activity involves and what evidence is required.

Table 3: Examples of CPD activities which can be completed without an institutional attachment

Category (at least 50 hrs total per year#)	Type of activity	Examples of activities and how to complete them
Category 1 Practice evaluation – reviewing performance (at least five hrs per year)*	Individual	<p>CPD plan: this is mandatory at the beginning of each year. Questions to answer to make your plan are embedded in the electronic CPD portfolio.</p> <p>Critical reflection: There are two types - either a practice reflection or an own health and wellbeing reflection. You set aside time and use the questions in the critical reflection guideline to analyse what you are currently doing and make a plan for any needed changes. The topic you choose might be an event or experience, a CPD activity you have completed (like a conference), a career transition, or your current state of health and wellbeing.</p> <p>Cultural safety: One activity is required each year, with time spent counted towards reviewing performance. More information is in the cultural safety activity guidance.</p>

Category (at least 50 hrs total per year#)	Type of activity	Examples of activities and how to complete them
		CPD evaluation: this is mandatory at the end of each year. Questions to answer to evaluate your CPD for that year are embedded in the electronic CPD portfolio.
	With a colleague	Annual structured conversation/ performance appraisal: Undertake a structured conversation with a peer, colleague, or employer about your practice. Mentoring: This is a useful activity at any career stage for reciprocal learning. Time spent can be counted for both the mentor and the mentee. See the mentoring guideline for more information.
	In a group	Peer support groups: find at least two other trusted colleagues to establish a peer support group which meets regularly for one to two hours at a time to discuss professional practice issues. Examples of topics and how to run a group are in the peer support groups guideline .
Category 1 Practice evaluation – measuring outcomes (at least five hrs per year)*	Individual	Practice audit-clinical support: This is about auditing an aspect of your practice. Details on how to do this are in the practice audit-clinical support guideline . The college is developing ‘recipes’ to support fellows to audit their practice in non-clinical areas. If you have an idea for a ‘recipe’, contact the CPD team and they will provide you with a template.
	With a colleague	Multisource feedback-clinical support: This is about seeking feedback from colleagues and co-workers on your performance. Those you seek feedback from can be medical or non-medical colleagues that you interact with sufficiently often for them to provide feedback on your practice; they don’t need to be part of a single team or all in the same organisation. Examples of people you could ask include fellow committee members, those who you work with on group CPD activities (e.g., analysing healthcare outcomes) and those who you might work with in research groups. More information is in the guideline .
	In a group	Analysing healthcare outcomes: this is a group activity to analyse a published report on healthcare outcomes (e.g., a coroner’s report, WebAirs reports, ANZCA professional documents) and reflect on the implications for your practice. It requires you to identify at least two other colleagues and for one of you to be the facilitator – information on how to do this and what type of reports you could use are in the analysing healthcare outcomes guideline .
Category 2 Knowledge & skills (at least 12.5 hrs per year)	Individual	These are familiar activities like journal reading, listening to a podcast, and formal courses (in person or virtual).
	With a colleague	Providing feedback to another colleague on their multisource feedback-clinical support or peer review of educational activities .
	In a group	These include conferences, workshops, journal clubs, webinars and wellbeing CPD education sessions. The college events page shows what’s on and college run events are automatically credited to your CPD portfolio. Being part of a committee or working group for the college or another medical organisation also counts (the college is always looking for volunteers through expressions of interest, contact membership services for more information).

** The medical board requires a minimum of 25 hours of practice evaluation each year, at least five hours of reviewing performance and at least five hours of measuring outcomes.*

The remaining 12.5 hours per year can be made up in any of the CPD program categories.

6.7 Can I use tools developed by other organisations?

The ANZCA and FPM CPD Program includes tools to support CPD activities (see the [CPD activity guide](#)).

You may also use tools developed by other organisations if they are applicable to your work roles and your scope of practice. This includes tools offered by other colleges (e.g., if you hold dual fellowships).

Some tools offered by other organisations are limited by access for members only or they may incur a fee. Whilst they are not endorsed by the college, they offer alternatives should fellows and other CPD participants wish to investigate and use them.

Individual tools selected in this way must meet the purpose of and have similar requirements to the analogous ANZCA and FPM CPD Program activity and tool (see individual activity guidelines which outline each activity's purpose and requirements).

The supporting [library guide](#) lists resources to support CPD activities relevant to the scope of work of those without direct patient care. Many of these resources support knowledge and skills activities. They also provide information on organisations that may have relevant tools and guidance for reviewing your performance and measuring outcomes of your work.

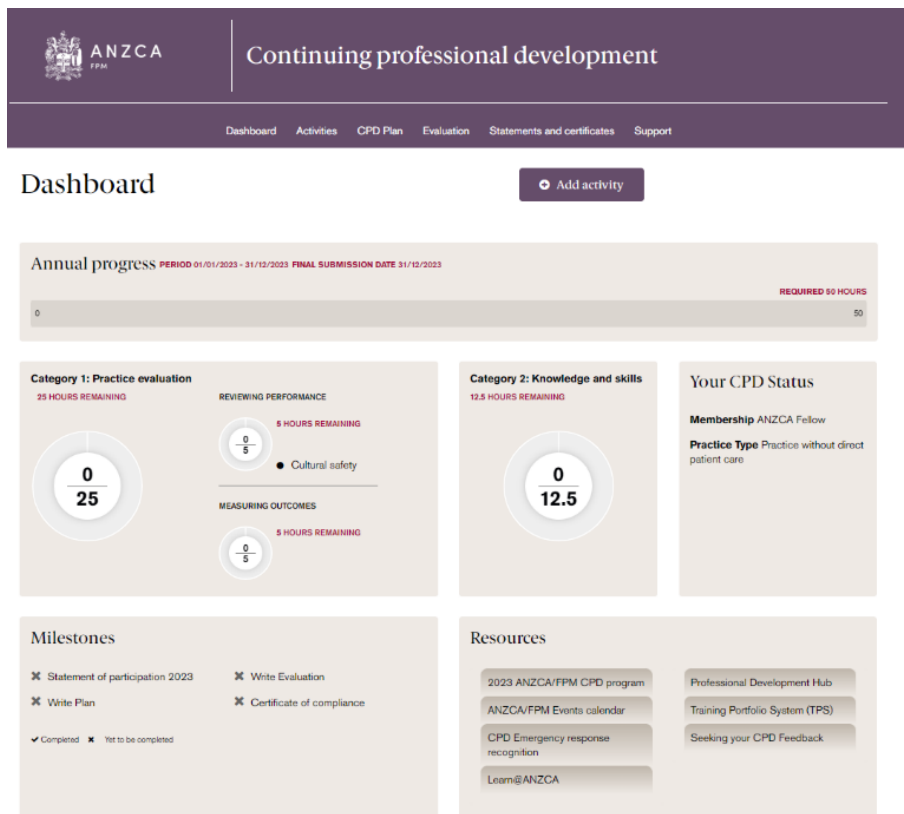
7. Breakdown of the CPD portfolio – Practice without direct patient care

The CPD portfolio dashboard (Figure 5) is designed to facilitate easy tracking of CPD activities. Hours are tracked using circles, with an annual progress tracker bar. The dashboard also tracks annual activity requirements.

Once a requirement is complete the wording (e.g., “25 hours remaining”, “1 activity remaining”) will change from red to black and read ‘complete’. Items under the ‘Milestones’ section will also display a ‘tick’ once requirements are complete.

Please note: The CPD portfolio is designed to timeout for security purposes, we highly recommend you save your work regularly to ensure you do not lose any data.

Figure 5. 2023 CPD portfolio dashboard – home screen (practice without direct patient care)



7.1 Pending activities

Activities which auto-populate into your CPD portfolio (including college-run events and some Learn@ANZCA/Training Portfolio System modules) are uploaded to your 'pending' folder.

To confirm the activity, click the purple 'view pending activities' button then click 'Confirm'. If there is no 'Confirm' tab, the duration is unknown. In this case, click the 'Edit' tab, enter the number of hours spent on the activity and click 'Save'.

Once you confirm the activity, it will move into your saved activities and your dashboard will be updated with it.

7.2 Annual progress bar

The annual progress bar will update as you progress in meeting your minimum annual 50 hours requirement, including:

- At least 25 hours of Category 1 Practice evaluation activities (with a minimum of five hours of reviewing performance and five hours of measuring outcomes).
- At least 12.5 hours of Category 2 Knowledge and skills activities.
- A further 12.5 hours which can be claimed across the CPD program.

The progress bar will continue to record hours once you have reached the minimum requirement. Hours taken to complete the annual cultural safety activity contributes to the 50 hours of CPD required per year.

7.3 Category 1 Practice evaluation

The three circles under Category 1 Practice evaluation breakdown the hours allocations for this category:

- The '25-hour' circle records all hours completed under the category.
- Each of the '5-hour' circles records the minimum of five hours required for reviewing performance activities and measuring outcomes activities.

7.4 Cultural safety activity

Once complete, a 'tick' will appear next to the activity on the dashboard, and hours recorded for your participation will go towards meeting your annual practice evaluation – reviewing performance hour requirements.

Please note, the minimum five hours of reviewing performance can be made up of a variety of CPD activities. The annual cultural safety has no set hours allocation.

7.5 Category 2 Knowledge & skills

The circle will update to show how many knowledge and skills hours have been claimed in your current CPD cycle and the number of hours outstanding to meet the annual 12.5 hours requirement.

7.6 Milestones

CPD plan

You must fully complete your CPD plan before you can access your annual statement of participation. Your CPD portfolio dashboard will show your CPD plan is complete when the – symbol changes to a ✓.

Annual statement of participation

The statement of participation is an annual statement to demonstrate you are actively enrolled in an accredited CPD program.

CPD evaluation

You need to complete an evaluation at the end of your annual CPD cycle before you can access your certificate of compliance. Your CPD portfolio dashboard will show your CPD evaluation is complete when the – symbol changes to a ✓.

Annual certificate of compliance

The certificate of compliance confirms that you have successfully completed your annual requirements, with a ✓ to indicate your CPD cycle is complete.

If a ✓ has not appeared next to your certificate of compliance, something is not fully complete.

Special consideration

If you find yourself unable to successfully complete your annual CPD cycle due to exceptional circumstances, please review the [CPD Special consideration policy](#).

Submit button

There is no submit button. Once you have successfully completed your annual CPD requirements you will automatically move to your new CPD cycle on 1 January following your final submission date.

8. Where can I get help with my CPD?

The college CPD team has huge collective experience of the CPD program and is willing to help, especially for the transition to the new requirements. Please contact them at cpd@anzca.edu.au or at +61 3 9510 6299. They will take you through requirements and answer your questions.

9. Let us know how we can improve the toolkit

This toolkit is a 'living' document which we want to further develop and improve over time. If you can't find CPD relevant to one or more of your work roles, please contact the CPD team to let us know and for help.

Any suggestions are also invited to cpd@anzca.edu.au. The CPD team and committee will use your feedback for ongoing review and improvements. That way we can all benefit from each other's experiences and expertise.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	Practice without direct patient care reference group	CPD team ANZCA DPA Education			Created

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