



Continuing Professional Development Guide

2025

RACS acknowledges Aboriginal and Torres Strait Island people as the Traditional Owners of Country throughout Australia and respects their continuing connection to culture, land, waterways, community and family.

As a bi-national college, RACS respects Ngā Iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of Te Tiriti o Waitangi, fostering the college's relationship with Māori, supporting Māori Fellows and Trainees, and striving to improve the health of Māori.

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2025 RACS CPD Program Guide

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To ensure that users have access to the latest version of the 2024 RACS CPD Program Guide, 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. RACS only provides this document online and not in print.

A message from the Chairs

As the leading advocate for surgical standards, professionalism and surgical education in Australia and Aotearoa New Zealand, RACS has almost a century of experience in supporting the surgical profession to maintain professional standards and achieve their lifelong learning goals.

Our CPD framework has been developed by surgeons to support participants across all nine surgical specialities, those working in public and private practice and throughout the different and varied stages of a surgical career.

Key updates to the RACS CPD Program from 2025 include:

- **Program Level Requirements:** In alignment with regulatory standards, program level requirements have been implemented for cultural safety, addressing health inequity, professionalism and ethical practice (CAPE). The guide has included some worked examples of how CAPE can be met on a CPD Dashboard. See RACS CPD Program Overview for more information.
- **Transition from points to hours:** From 2025 the RACS CPD Program will only make references to ‘hours of activity’ in alignment with regulatory standards.
- **Verification:** 5% of all RACS CPD Program participants will be randomly selected each year for verification. See appendix 5 for the updated policy.
- **Exemptions:** **To be confirmed**– see appendix 6 for more information

Help and Support:

RACS provides an online portal and mobile app to support logging and reporting CPD activity. See page 14 for more information.

RACS also has CPD staff situated in Australia and Aotearoa New Zealand, who are here to provide support throughout the CPD year and can be contacted on:

Phone: +61 3 9249 1282

(6AM – 5PM AEST/AEDT)/(8AM – 7PM NZST)

Email: CPD.College@surgeons.org

Dr Christine Lai FRACS

Chair

Professional Standards & Fellowship Services Committee

Professor Henry Woo FRACS

Chair

Professional Standards Committee

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Overview

The Medical Board of Australia (MBA) and the Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ) require registered medical practitioners to undertake an annual program of Continuing Professional Development (CPD) that is relevant to the practitioner's scope of practice.

To support this objective the MBA and MCNZ set CPD requirements that all medical practitioners must meet to be eligible for on-going medical registration.

In Aotearoa New Zealand, RACS is the only recognised provider of a CPD Program for surgeons. In Australia, the MBA recognises CPD Programs that meet the minimum accreditation standards set by the Australian Medical Council (AMC). All doctors (unless exempt) must:

- Join an AMC-accredited CPD home before they start doing their CPD in 2025
- Choose a home that is suitable for their scope of practice, which can be a college or non-college home.
- Must log CPD activities with their CPD home.
- Will need to declare which is their CPD home at 2025/26 registration renewal.

RACS is an accredited 'CPD Home' in Australia and is available to:

- Fellows of RACS (Australia and Aotearoa New Zealand)
- Specialist International Medical Graduates, including those on a pathway to Fellowship of RACS (Australia)
- Medical practitioners who hold vocational registration in Aotearoa New Zealand in scope/s of practice of surgery
- Non-specialist PGY3+ medical practitioners who practice in a surgically affiliated scope (i.e., surgical assistants, those aspiring to become surgical trainees)

To enrol in the program, a medical practitioner must hold active registration with the Australian Health Practitioner Regulation Agency (AHPRA) or vocational registration with the MCNZ (please see '[Enrolment in the RACS CPD Program](#)' for more information).

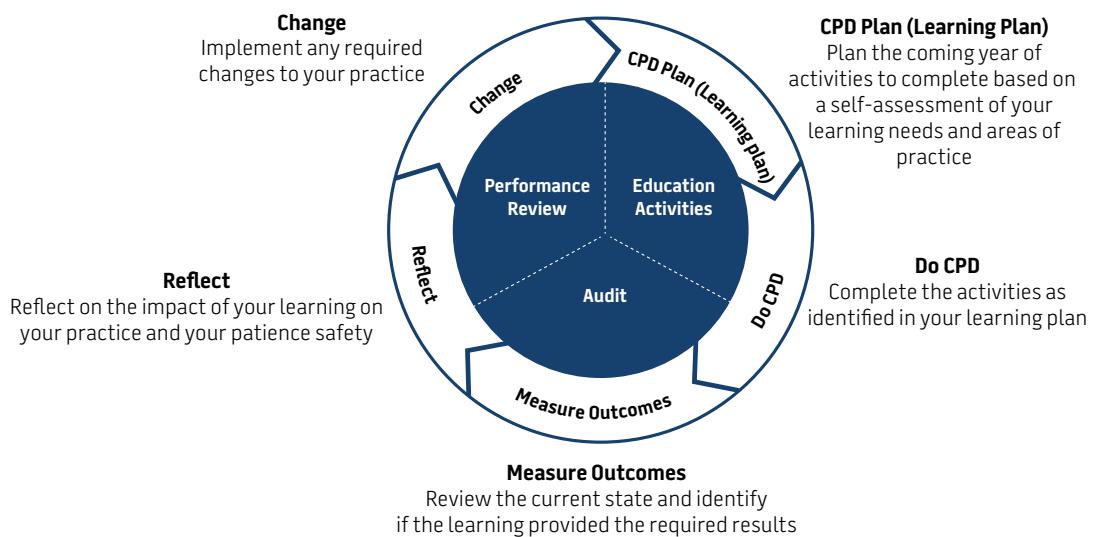
Aims

The aims of the RACS CPD Program are to:

- Advance the individual surgeon's knowledge, skills, competence, and behavioural awareness for the benefit of patients.
- Encourage a culture of life-long learning that promotes collaboration, peer review and reflective practice.
- Ensure compliance with regulatory authority standards.

CPD Cycle

Participation in CPD is founded on a continuous cycle of learning with an emphasis on planning, participation, measuring outcomes, reflection and change.



Area Of Practice

Participation in CPD activities should reflect a participant's 'Area of Practice' (often referred to as Scope of Practice).

In the RACS CPD Program, this is self-defined by the participant and can be reviewed at any time throughout the year. A participant's area of practice for CPD is determined by their main surgical specialty or specialties.

A list of defined area of practice is available for a participant to select, which were developed in consultation with specialty associations and societies. Participants can also select other areas that form part of their practice outside of their specialty which may include teaching, supervision, medico-legal practice etc.

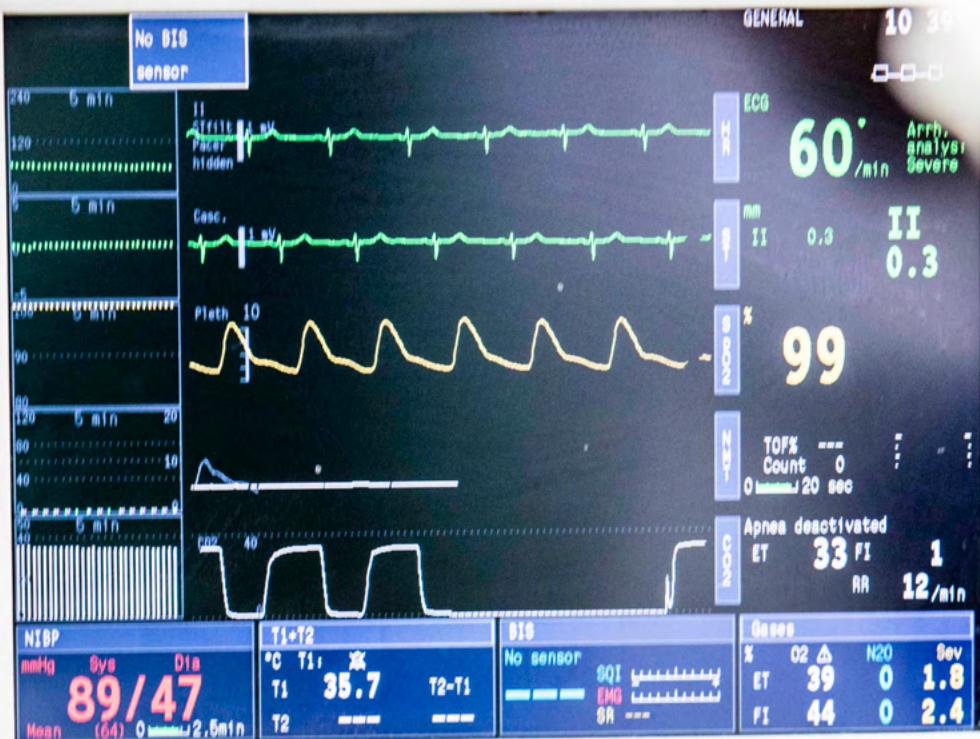
At least 50% of CPD each year must be relevant to a participant's area of practice. The other 50% can relate specifically to an area of practice, other medical interests or to pursue CPD in re-skilling or re-training.

Surgical Competencies

Participants are encouraged to complete CPD across the breadth of the surgical competencies. The ten surgical competencies reflect the standards we hold as a profession and our commitment to the community to deliver high quality patient centred surgical care. For more information about the surgical competence framework please visit: [Surgical Competence and Performance Guide](#).



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Section 1

Program Overview

RACS CPD Program requirements

The RACS CPD Program has three distinct requirement types:

1. Category Requirements
2. Cultural Safety, Addressing Health Inequity, Professionalism, and Ethical Practice (CAPE)
3. Specialist High-Level Requirements (Australia only)

The minimum annual requirements in the RACS CPD Program are outlined in Table 1 below:

Table 1 – RACS CPD Framework – AMC/MCNZ Alignment

ANNUAL REQUIREMENTS	Specialist Surgeons (Aus)	Specialist Surgeon (AoNZ)	Surgically affiliated practitioners
CPD Plan (Learning Plan)	✓	✓	✓
Specialist High Level Requirements – ANZASM	✓		
Audit of Surgical Mortality			
Structured Conversation with a peer		✓	
CAPE			
(Cultural Safety, Addressing Health Inequities, Professionalism, and Ethical practice**)			
Audit & Peer Review	10 hours	10 hours	10 hours
Education Activities	40 hours (at least 2 activities)	40 hours (at least 2 activities)	25 hours (at least 2 activities)
Performance Review – One activity in each of:			
Review of Others	15 hours	15 hours	15 hours
Review of Self			

*For Australian SIMGs on a pathway to specialist registration, they may have an amended six-month program, dependent on the commencement of their supervision period. Please see the CPD Regulations in Appendix 1 for more information.

** all participants in the RACS CPD Program must undertake at least one activity per annum in cultural safety, addressing health inequities, professionalism, and ethical practice (CAPE). Please see CAPE on page 11 for more information.

Category Requirements

CPD Plan (Learning Plan)

The Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) requires all medical practitioners to undertake a structured approach to their continuing professional development (CPD) by completing an annual learning plan.

A learning plan (also known as a personal or professional development plan) is a tool that supports planning of professional development goals and reflection on CPD activities undertaken in pursuit of these goals. For more information about your learning plan, see appendix 3.1.

Structured Conversation

The Te Kaunihera Rata o Aotearoa – Medical Council of New Zealand (MCNZ) requires all registered medical practitioners in Aotearoa New Zealand to undertake an annual structured conversation to maintain medical registration.

While the Medical Board of Australia (MBA) does not require specialist medical practitioners to undertake an annual structured conversation, RACS strongly encourages Australian participants to undertake a structured conversation annually as a valuable tool to support reflection, receive constructive feedback and share best practice.

A structured conversation aims to generate reflection on learning goals, professional development and personal growth through guided discussion and constructive feedback. For more information about structured conversations, see appendix 3.1.

Audit and Peer Review

Surgical audit is an educational exercise that is grounded in everyday practice. Research shows that audit and feedback is an effective educational strategy and helps participants analyse their performance and plan effective responses to improve their performance¹. Only by looking objectively at our own practice of surgery will we be able to compare our current performance and derive information which may help us consider how to improve what we do for the benefit of our patients. Surgical Audit and Peer Review is a mandatory requirement for all participants in the RACS CPD Program. For more information about audit and peer review, see appendix 3.3.

Education Activity

Continuing professional development (CPD) programs reflect the value of lifelong learning throughout a surgeon's career, recognising that continued improvement in operative skills and non-operative skills are necessary to achieve improved patient care and outcomes.

Education activities comprise a significant weighting of the continuing professional development criteria as set out by RACS and the medical regulators. For more information about Education activities, see appendix 3.4.

Performance Review

The impact of a surgeon's performance beyond technical or surgical expertise is an important aspect of a well-rounded professional development program. Self-reflection or evaluation of performance at an individual or systemic level supports a cycle of on-going quality improvement that can deliver a more cohesive and

patient-centred healthcare environment.

All participants must complete at a minimum:

- One activity - ‘Performance Review of Self’
- One activity - ‘Performance Review of Others’

For more information about performance review, see appendix 3.5.

What can I record for my activities?

A list of activities that are recognised within the RACS CPD Program framework

- including activities that have a maximum number of hours that can be logged per annum - can be found in Appendix 2. Further information about the types of activities that can be claimed for CPD can also be found under FAQ’s on the AMC website.



Cultural Safety, Addressing Health Inequity, Professionalism, And Ethical Practice (CAPE)

In Australia, the MBA requires all CPD programs to set program level requirements' relating to cultural safety, addressing health inequities, professionalism and ethical practice.

In Aotearoa New Zealand, the MCNZ requires a recertification program to 'define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethical practice' and that 'cultural safety and a focus on health equity are embedded' across all CPD categories.

To meet this standard, the RACS CPD Program requires all participants in the RACS CPD Program must undertake at least one activity per annum in:

- Cultural safety
- Addressing health inequities
- Professionalism
- Ethical practice

Participants do not need to enter a specific activity for each program level requirement – but will need to ensure that of those activities entered in a CPD year all the specific RACS competencies as outlined in Table 2 have been satisfied. For more information about CAPE, see appendices 3.6, 3.7, and 3.8.

Table 2: CAPE Requirements

Program Requirement	RACS Competency	Minimum Requirement
Cultural Safety	Cultural Competence and Cultural Safety	One (1) activity per annum and optional reflection
Addressing Health Inequities	Health Advocacy	One (1) activity per annum and optional reflection
Professionalism	Professionalism	Two (2) activities per annum and optional reflection
Ethical Practice		

Example 1: One (1) activity per corresponding RACS Competency

CPD Category	Activity	RACS Competencies
Audit	Clinical Unit Audit	Judgement and Clinical Decision Making, Communication and Professionalism (1)
Education	Cultural Safety, Cultural Competence & Health Equity Activities	Cultural Safety and Cultural Competence (1), Communication, Scholarship and Teaching
Education	Rural Outreach	Medical Expertise, Communication, Health Advocacy (1)
Performance Review of Others	Clinical Governance (MM/MDT/XRAY)	Management and Leadership, Communication and Professionalism (1)
Performance Review of Self	Performance Review	Communication, Management and Leadership, Medical Expertise

Example 2: One (1) activity satisfies multiple corresponding RACS Competencies

CPD Category	Activity	RACS Competencies
Audit	Clinical Unit Audit	Judgement and Clinical Decision Making, Communication and Professionalism (1)
Education	Rural Outreach	Cultural Safety and Cultural Competence (1), Professionalism (1), Health Advocacy (1)
Education	Teaching – Courses & Workshops	Medical Expertise, Technical Expertise
Performance Review of Others	SET Assessment	Scholarship and Teaching, Management and Leadership, and Communication
Performance Review of Self	Performance Review	Communication, Management and Leadership, Medical Expertise

Specialist high-level requirements

Specialist high-level requirements are set by the MBA and are only applicable to participants practising in Australia.

From 2024, the MBA has introduced a high-level specialist requirement for surgery:

A specialist surgeon (including all fields of specialty practice) must participate in the Australia and New Zealand Audit of Surgical Mortality by completing all surgical case forms sent to the surgeon by ANZASM.

Under the RACS CPD Program, participation in ANZASM is credited towards 'Audit' participation (in the MBA framework, ANZASM participation is linked to 'reviewing performance and/or measuring outcomes activity').

Guidance is available on how to comply with the ANZASM requirement (please see appendix 3.9). Information on how to contact your local ANZASM office for assistance with this requirement can be found below:

State/Territory office	Contact
Australian Capital Territory Audit of Surgical Mortality (ACTASM)	+61 2 6285 4558 actasm@surgeons.org
Collaborative Hospitals Audit of Surgical Mortality (CHASM) (in NSW)	https://www.cec.health.nsw.gov.au/Review-incidents/mortality-review-authorised-committees/chasm
Northern Territory Audit of Surgical Mortality (NTASM)	+61 7 3249 2971 ntasm@surgeons.org
Queensland Audit of Surgical Mortality (QASM)	+61 7 3249 2971 qasm@surgeons.org
South Australian Audit of Surgical Mortality (SAASM)	+61 8 8239 1144 saasm@surgeons.org
Tasmanian Audit of Surgical Mortality (TASM)	+61 3 6223 8848 tasm@surgeons.org
Victorian Audit of Surgical Mortality (VASM)	+61 3 9249 1153 vasm@surgeons.org
Western Australian Audit of Surgical Mortality (WAASM)	+61 8 6389 8650 waasm@surgeons.org



Section 2

Participation & Compliance

Recording your CPD – CPD online and mobile app

RACS has developed an online portal (CPD Online) and a mobile app to support participants log CPD activities.

To access CPD Online, please login to your RACS Portfolio – www.surgeons.org

The CPD app provides an optimised experience and allows participants quickly create CPD activities, capture evidence, and manage their CPD plan (learning plan) on an easy-to-use, intuitive mobile app.

The RACS CPD App allows users to:

- Navigate between the previous, current, and the next CPD period
- View your overall progress in terms of percentage and days left
- Define and manage your CPD Plan (Learning Plan) based on your Area of Practice
- Complete and manage Audit, Education, and Performance Review related activities
- Access help and knowledge articles
- Manage your profile
- Complete and view your progress on Education related activities
- Submit Exemption Requests
- Manage Areas of Practice
- Download the certificate once you've successfully completed the requirements for the current CPD period
- View notifications from the CPD team (feature coming soon)

To download the app, access either the Apple or Google Store on your mobile phone and search for 'RACS CPD'

Once logged in, you should be able to add activities by selecting the + button at the bottom of the screen.



Compliance

Participants must undertake and satisfactorily complete CPD for each calendar year (1 January to 31 December).

All participants in Australia and Aotearoa New Zealand must comply with the requirements of the CPD Program, regardless of practice type or whether they are in full or part time practice.

Participants must undertake sufficient CPD to comply with minimum annual requirements each year, unless they have received a full or partial exemption.

Participants who are selected to verify their annual CPD must also provide documentation in support of their participation.

Activities cannot be retrospectively applied unless in extraordinary circumstances and as approved by the Chair, Professional Standards and Fellowship Services Committee (PSFSC) or Chair, Professional Standards Committee (PSC).

Verification

In compliance with regulatory standards governing CPD Programs in Aotearoa New Zealand and Australia, RACS verifies 5%* of CPD all participants undertaking the RACS Program.

With the exception of participants granted a full exemption, all CPD participants are eligible for selection to verify their CPD activity every year. Participants granted a partial exemption from one or more categories are eligible for selection but will not be required to verify activities in exempted category/categories.

The verification selection process is administered via a computer-generated algorithm that selects participants in accordance with the criteria listed above.

*Specialist International Medical Graduates (SIMG) on a pathway to RACS Fellowship are governed by requirements outlined in the Specialist Assessment of Specialist International Graduates in Australia Policy. All participants in this cohort undergo mandatory verification, independent the 5% of CPD participants selected for verification annually.

Participants who are selected to verify their CPD are required to provide additional documentation to support their participation in activities. For further information on the type of evidence that can be used to verify CPD activities, please visit the RACS website. For more information about verification, please see appendix 4

Exemption from participation

Participants who are unable to complete their CPD can request an exemption from CPD participation – further information on how to apply for an exemption and grounds for approving an exemption can be found in the CPD Exemptions Policy (please see associated documents).

Additional text to be entered once policy is updated

For more information about exemptions, please see appendix 5 (policy requires updating)

Reporting compliance

Participants must report their CPD participation by no later than 28 February of the following year (i.e. for the 2025 CPD year, CPD must be reported by no later than 28 February 2026).

All CPD must be reported through the RACS CPD ePortfolio. In extenuating circumstances, paper-based submissions may be accepted.

Participants who do not report their CPD, who provide insufficient reporting of CPD and/or who do not meet the minimum verification requirement (where selected) will receive a series of graduated reminders.

All participants undertaking the RACS CPD Program, regardless of Fellowship with RACS, will be reported to the MBA and MCNZ in accordance with RACS' accreditation obligations.

In addition to reporting to the MBA or MCNZ, Fellows of RACS who do not comply with the CPD Program may be provided with notice that they are in breach of the RACS Code of Conduct and sanctioned in accordance with the Professional Conduct Committee - Terms of Reference Regulation. This applies to all RACS Fellows regardless of the CPD Program they undertake.

Participation in other programs

RACS recognises the Australian Orthopaedic Association (AOA) and New Zealand Orthopaedic Association (NZOA) as comparable to the RACS CPD Program.

The AOA and NZOA do not hold independent accreditation to administer a CPD Program. These programs are assessed annually by RACS and subject to RACS' assessment of compliance with all regulatory requirements, are available to RACS orthopaedic Fellows.

Practitioner access to the RACS CPD Home and recognised programs is available to financial members of RACS

RACS Fellows participating in these programs are not also required to participate in the RACS Program. Participants undertaking the AOA or NZOA CPD Program will have their compliance with minimum annual requirements reported to RACS by their respective CPD provider.

Ophthalmologists who hold dual Fellowship of RACS and Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO) must participate in the RANZCO to ensure participation in a program relevant to

their scope and compliance with high level specialist requirements.

The Australian Medical Council (AMC) and Te Kaunihera Rata o Aotearoa -Medical Council of New Zealand (MCNZ) accredit RACS to provide a CPD Program to surgeons in Australia ('CPD home') and Aotearoa New Zealand.

Under this accreditation, RACS is responsible for ensuring any alternative CPD Programs that are recognised under RACS' accreditation meet the AMC and MCNZ standards.

For more information about participation in other programs, please see appendix 6

RACS fellows residing overseas

Australia: Fellows of RACS in active practice who reside overseas and maintain registration in Australia must participate in the RACS CPD Program.

Aotearoa New Zealand: Fellows of RACS who hold an annual practising certificate must participate in the RACS CPD Program.

If you do not hold registration in Australia or Aotearoa New Zealand but maintain Fellowship with RACS, you must either meet the CPD standard in the country where you reside or participate in the RACS CPD Program.

Section 3 - Appendices

Appendix 1 - Associated Documents

Document Type	
Regulation	CPD Program Regulation
Policy	Enrolment in the RACS CPD Program Policy Transferring Data and Records Policy CPD Exemptions Policy CPD Verification Policy Approval of Activities in the CPD Program Policy Professional Standards Committee – Terms of Reference Conflict of Interest Policy Reconsideration, Review and Appeals Policy
Standards	CPD Category Standard - Audit and Peer Review CPD Category Standard - Education Activity CPD Category Standard - Learning Plan CPD Category Standard - Performance Review
Guides and Guidelines	CPD Program Guide Code of Conduct Guide Surgical Audit Guide Surgical Competence and Performance Guide Program Level Guidance - Cultural Safety Program Level Guidance - Addressing Health Inequities Program Level Guidance - Professionalism and Ethical Practice Specialist High Level Requirement Guidance - Australian and New Zealand Audit of Surgical Mortality (ANZASM) Re-Skilling and Re-Entry Guidelines
Position Papers	Position Paper - Interactions with the Medical Industry

Appendix 2 – RACS CPD Program – Activity List

Activity	Audit	ANZASM	Performance Review - Self	Performance Review - Others	Education	Annual cap^
Group or Specialty Audit	✓					
Clinical Unit Audit	✓					
Locum Logbook	✓					
MALT	✓					
Total Practice Audit	✓					
Selected Audit from Surgical Practice	✓					
Clinical Registry	✓					
Audit of Reports*	✓		✓			
Student Evaluation*	✓		✓			
Surgical Assistant – Audit*	✓					
CHASM Form		✓				
1st Line Assessment		✓				
2nd Line Assessment		✓				
Structured Conversation			✓	✓		
Patient Feedback Survey			✓			
Clinical Governance			✓	✓		
Mentor/Coach				✓		15
Mentee/Coached			✓		✓	15
Structured Practice Visit			✓	✓		
Annual Performance Review			✓			5
Accreditation Review				✓		15
Examiner				✓		15
Attachment to a Peer			✓	✓		15
MSF/360			✓	✓		
Review of Reports				✓		10
General Health Check			✓			5
Clinical Supervision				✓		15
Course Attendance					✓	
Research Activities					✓	15
Journal Article (Review)				✓	✓	10

Activity	Audit	ANZASM	Performance Review - Self	Performance Review - Others	Education	Annual cap [^]
Clinical Text (Author)					✓	10
Journal Article (Author)					✓	10
Presentation to Peers					✓	15
Small Group Learning					✓	15
Volunteer Activities					✓	20
Rural Outreach					✓	20
Conferences/ Scientific Meetings					✓	35
Online activities					✓	15
Cultural Safety, Cultural Competence Activities					✓	
Development of Education Material					✓	15
Journal Reading					✓	15
Tertiary Studies					✓	20
Teaching - Faculty					✓	15
Teaching – Courses				✓		20
Teaching - SET & students				✓		20
SET Assessment				✓		10
Clinical Advisor				✓		20
Committee Meetings					✓	15
Advisor to Government					✓	20

[^] Maximum number of hours that can be claimed for that activity per annum

*Only applicable for non-operative practitioners. Participants in operative practice must include an audit of their procedures.

Appendix 2 – RACS CPD Program – Activity List

State/Territory Office	Contact
Australian Capital Territory Audit of Surgical Mortality (ACTASM)	+61 2 6285 4558 actasm@surgeons.org
Collaborative Hospitals Audit of Surgical Mortality (CHASM) (in NSW)	https://www.cec.health.nsw.gov.au/Review-incidents/mortality-review-authorised-committees/chasm
Northern Territory Audit of Surgical Mortality (NTASM)	+61 7 3249 2971 ntasm@surgeons.org
Queensland Audit of Surgical Mortality (QASM)	+61 7 3249 2971 qasm@surgeons.org
South Australian Audit of Perioperative Mortality (SAAPM)	+61 8 8239 1144 saasm@surgeons.org
Tasmania Audit of Surgical Mortality (TASM)	+61 3 6223 8848 tasm@surgeons.org
Victorian Audit of Surgical Mortality (VASM)	+61 3 9249 1153 vasm@surgeons.org
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