Approval of activities in the Continuing Professional Development (CPD) program

A guide for activity providers



#### Table of contents

- 03 Introduction
- 05 CPD Cycle
- 06 Development of an activity
- 08 Criteria for approval of activities
- 10 Planning your activity
- 14 Auditing CPD activity providers
- 14 Need help?
- 15 Bibliography
- 16 Appendix

#### **Further information**

Senior Program Coordinator - Professional Standards Royal Australasian College of Surgeons College of Surgeons' Gardens 250-290 Spring Street East Melbourne VIC 3002 Australia Telephone: +61 3 9249 1282 Email: cme.approval@surgeons.org

5th edition, April 2022 © Royal Australasian College of Surgeons



Committed to Indigenous health

#### Overview of the program

RACS has always demonstrated a strong commitment to ongoing education of the highest standards, evident through participation and high compliance with the RACS CPD program. The professional performance frameworks designed by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) ensures that all registered medical practitioners' practice competently and ethically throughout their careers, including participation in continuous professional development (CPD) activities.

Applications can be made to the Professional Standards Department to have activities approved for RACS CPD program. This approval indicates that a quality standard has been demonstrated and is relevant for the learning needs of surgeons (please note, this program was previously known as the 'Continuing Medical Education' (CME) program).

Fellows and other participants will seek to participate in these approved activities with the knowledge that they can contribute to their annual CPD requirements. Approved activities may include: conferences, courses and workshops - clinical and/or non-technical, meetings, eLearning and audit activities.

#### Key features of the renewed program

After a comprehensive review of the RACS CPD program, a number of changes have been made to the CPD framework, online portals (for participants and providers) and the approval for CPD activities.

- Online applications: All applications will be submitted online via the RACS Provider Portal, accessible via the RACS website.
- Points per hour: All activities other than surgical audit will attract 1 point per hour.
- Attendance automatically uploaded for participants: To support participants to complete
  their CPD, the College requests providers forward a list of RACS Fellows (and their RACS
  ID) who attend their activities within two weeks of the activity / event occurring. This
  information will be uploaded into the surgeons' My CPD online account and considered
  'automatically verified'. Fellows will no longer be required to provide a certificate of
  attendance to support their participation in these activities. A template will be given to
  providers.

Benefits of approved activities

- Authorised to advertise the activity as 'RACS CPD approved activity' to participants
- Use of the RACS approved logo
- Promotion of activities on the approved education events listing in the RACS Portfolio
- Fellow attendance is automatically populated to their CPD record by the provider
- The CPD Provider Portal will allow you to securely manage your CPD applications and approved activities online

We trust the changes we have made to the program will streamline the process for providers and participants attending CPD approved activities. If you have any feedback or suggestions for further improvements, please contact the Professional Standards Team who are responsible for the coordination of the CPD program.

Royal Australasian College of Surgeons CPD Approved



## Introduction

# How to apply for an approval of an activity

- 1. Go to RACS Provider Portal (Log on with existing RACS profile or for first time users "Create Account")
- Contact cme.approval@surgeons.org
   with details of your organisation for first
   time users
- 3. Complete the "New application"
  - Ensure all fields and appropriate documentation are complete
  - Submit your application

# Important information to note

- Education providers running a course/s
  where content is standardised can seek
  approval for two years. Activities that
  deliver content that changes with each
  event (i.e. conferences) are approved on a
  per event basis.
- All activity dates must be included in the portal - additional activity dates can be added throughout the approval period.
- The provider must upload Fellow attendance information within two weeks of the activity being completed. Failure to upload attendance data may result in approval being discontinued.

#### The Approval Process

All applications will be reviewed by RACS to ensure activities meet the required educational standards and criteria, and to verify that the teaching methods, learning aims and outcomes, needs assessment and evaluation tools are educationally sound.

#### **Approval Timeframes**

To ensure your application is processed before the activity commences, you should submit your application at least 4 weeks prior to the event. Most applications are processed within 2 weeks of submission, but some applications may take longer.

# Applications that are not approved

Providers who submit applications that are not approved will be informed and given an outline of the reasons for the activity being declined approval. The CPD team will endeavour to support providers to improve their activity so it may be approved in the future.

Education providers who are unhappy with the outcome of an application can submit a request for review to the Professional Standards Committee.

## **RACS CPD Approved Logo**

Use of the 'RACS CPD approved logo' may only be used in conjunction with approved courses. Use of the RACS logo and trademark is not permitted.

\*Please see the appendix for a summary of the online application process

# CPD Program Requirements for RACS Fellows

The renewed CPD Program comprises four categories and participants must complete a minimum requirement in each category to reach CPD compliance:

- Learning plan (professional development plan)
- Education activities
- Audit (measuring and improving outcomes)
- Performance review (reviewing and reflecting on practice)

Note: Surgeons practicing in Aotearoa New Zealand must complete an annual structured conversation with a peer, and this can be claimed under Performance review of self.

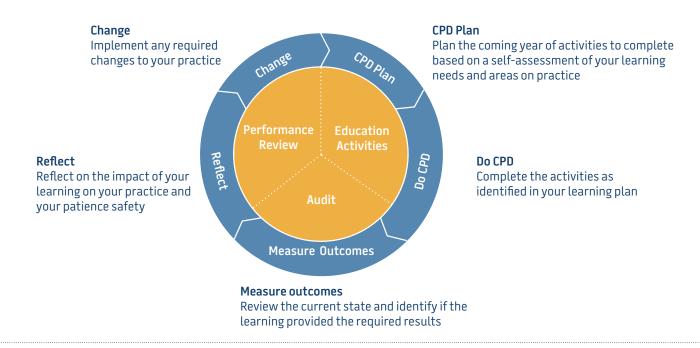
Fellows are required to participate in the CPD program annually and 50% of their CPD must relate to their Area/s of Practice (scope of practice).

Further information regarding the framework of the RACS CPD Program can be found on the College website.

Category	Standard (Annual)	Minimum Requirement
CPD Plan	– Complete a CPD Plan	– One (1) per annum
Education Activities	– Complete education activities	- At least two (2) activities  - Minimum 40 points per annum
Audit	<ul><li>Complete an audit of self/own practice</li><li>Complete an audit of surgical mortality</li></ul>	<ul> <li>At least one (1) audit.</li> <li>Complete ANZASM surgical audit case forms as required</li> <li>Minimum 10 hours per annum</li> </ul>
Performance Review	- Complete two (2) performance review activities	- Complete at least one (1) 'Performance of Self' activity  - Complete at least one (1) 'Performance of Others' activity  - Minimum 15 hours per annum

## **CPD Cycle**

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



# Development of an activity

Participation in CPD is mandatory for all active RACS Fellows and Specialist International Medical Graduates (SIMGs) on a pathway to Fellowship. The RACS CPD Program aligns to standards defined by the medical regulators in Australia and Aotearoa New Zealand.

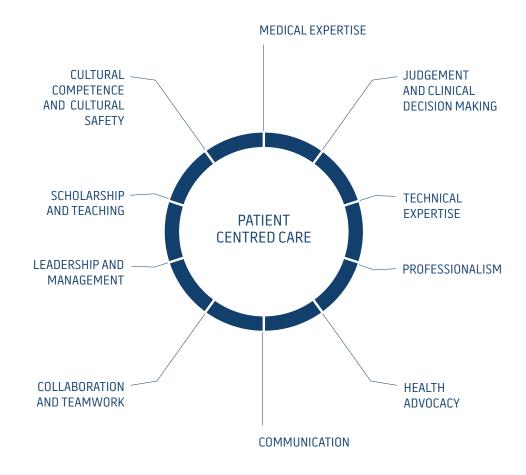
Ongoing CPD should incorporate the acquisition of new knowledge, skills and attitudes to enable competent practice and include topics beyond traditional clinical medical subjects including managerial,

social and personal skills (Peck et al, 2000: 432). RACS encourages participants to engage in a range of activities that develop skills in clinical and non-clinical areas.

The College aims to facilitate safe, comprehensive surgical care of the highest standard to the community. All College training and CPD programs are underpinned by the following ten surgical competencies with the ultimate focus on improving patient-centred care.

Further details on the ten surgical competencies can be found in the Surgical Competence and Performance Guide.

Providers should review these competencies when developing their learning objectives and consider how their activity is situated within a broader framework of professional and personal development.





# Criteria for approval of activities

To be eligible for approval in the CPD Program, activities must fulfil a number of criteria that have been approved by the Professional Standards and Advocacy Committee. These criteria are based on principles of adult learning and research evidence on the effectiveness of continuing professional development.

# The primary purpose is to improve quality of patient care

The purpose of CPD is to help participating surgeons provide better care according to current best practice, evidence-based knowledge and expert opinion. Education activities should focus on aspects of quality improvement that will lead to better patient care and health outcomes.

# Surgeons participate in the planning process

Surgery is a distinct medical discipline and the surgical perspective should be included in the planning process in order to ensure CPD remains relevant for surgeons. If the scope of the activity is outside that of a surgeon's knowledge, another subject expert should be involved in the planning and facilitation of the course.

# A needs assessment is conducted by the provider, documented and activities are developed that meet the learning needs of participants

Identified learning needs of surgeons have been documented.

The needs assessment determines the specific topic(s) and learning objectives for the event.

# There are clear and specific learning objectives identified

The objectives are clearly stated and circulated to all participants before the meeting. These should be referenced in the evaluation process at the end of the activity.

# The content is scientifically accurate and / or evidence based

Evidence from research literature/ government/professional publications has been cited. The activity should not promote theories, techniques or products that are not supported by scientific evidence or generally accepted by the medical profession. The activity should reflect critical appraisal of valid evidence about ways to improve patients' health outcomes.

# The content demonstrates high ethical standards

Details of any commercial interest or sponsorship should be included on the application form.

Presenters must declare prior to their presentation if they have received commercial support or if there is any conflict of interest.

If the activity contains reference to commercial products and/or services, objective information based on generally accepted scientific methods is presented.

Where commercial sponsorship is obtained, there is clear separation between the education and any promotion of products and/or services.

\*Please see the RACS -Interactions with the Medical Industry Position Paper

# A copy of the program is attached to the application

The program is available to prospective participants prior to the event.

The program documents the title, topics, learning objectives, speakers, timetable and details of any commercial interest or sponsorship.

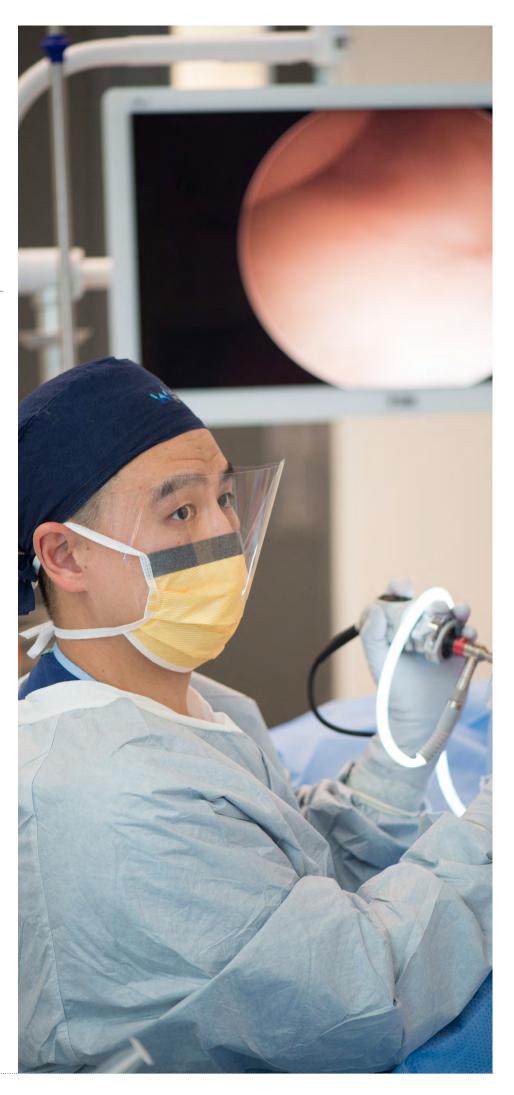
# The learning environment is safe, inclusive and respectful to promote fulfillment of the learning objectives for all participants

The format, location and delivery of the activity is conducive to achieving the learning objectives for all participants.

\*Please see the RACS Diversity and Inclusion Plan

# The education activity is evaluated

A copy of the evaluation tool is attached to the application or an evaluation form link is shared with RACS. The learning objectives have been addressed in the evaluation tool.



# Planning your activity

Activities are most effective when they:

- Address the learning needs of surgeons
- Have clearly stated and measurable learning objectives
- Are evaluated to determine how well the learning objectives have been met



#### Where do I start?

Firstly, decide on who your subject matter expert (SME) will be to help plan your activity. In the majority of cases, a RACS Fellow should be involved in the planning to best address the learning needs of surgeons. In circumstances where a surgeon may not be the most appropriate subject matter expert, another professional or recognised expert should be involved, i.e. an Anaesthetist may be the SME for a CPR course, or a lawyer could be the SME for a medico-legal course.

# Step 1 – Needs Assessment: What do surgeons need to learn?

#### 4.1.1. What is a needs assessment?

A needs assessment (sometimes called needs analysis) for your education activity can be compared with the clinical assessment surgeons make during a consultation with a patient. Just as a history and examination of the patient are important steps in the diagnostic process, your assessment of the learning needs of surgeons is essential in preparing an education activity for them. The purpose of your needs assessment is to discover what surgeons need to learn. That is, what knowledge, skills, attitudes or changes in practice behaviour do surgeons need?

# 4.1.2. Why is conducting a needs assessment important?

Research has shown that education activities based on learning needs are more effective in delivering sustainable education outcomes for participants.

A needs assessment is done to discover what surgeons need to learn and can have the following purposes:

- To identify topics relevant to surgeons and their patients
- To determine the specific aspects of these topics that need addressing
- To identify the learning needs of individual participants

# 4.1.3. How do you conduct a needs assessment?

There are many methods for conducting a needs assessment.

The first step is to identify your topic(s). You may use a questionnaire or survey and/or focus groups to identify topics relevant to surgeons. Surgeons, other health professionals and consumer group representatives can all contribute to this process.

The next step is to identify which specific aspects of the topic should be covered. You should consider what knowledge, skills, attitudes and behaviour are relevant to the topic and use your needs assessment to tell you which areas you will need to concentrate on. You may use a survey to identify participant's specific learning needs.

A quality needs assessment establishes the learning need of surgeons from a number of different perspectives and may also address different types of need.

#### Step 2 - Learning Objectives

The aim or purpose of an activity provides participants with an overview of its intended outcome. The learning objectives provide specific information about it. They should state what the education activity will teach in specific, achievable, observable and measurable terms.

Participants need to know what they will gain from attending an education activity. Learning objectives describe what participants will be able to do at the end of the activity, that is, what knowledge/skills they will gain and/or what change in attitudes/behaviour may occur.

Learning objectives are key in the process of developing education activities as they:

- Are informed by the needs assessment
- Determine the format or program
- Are measured by the evaluation

# 4.1.4. Why are learning objectives important?

Writing down the learning objectives provides educators and participants with a 'road map' to follow. Having clear learning objectives ensures that teaching is both relevant and responsive to the demonstrated need(s). They also serve as a guide to learning instruction and evaluation.

# 4.1.5. How do you write learning objectives?

The information from your needs assessment will lead you to set clear, realistic and timely objectives for learning. Try to be as specific as possible when setting down learning objectives. They should be written from the perspective of the participant not the teacher.

# Step 3 - Conducting your education activity

# 4.1.6. Teaching and learning strategies

There are many different teaching and learning strategies that may be used to deliver education programs. Each strategy has advantages and also limitations.

Some strategies are appropriate in certain situations but not in others. Those planning an education program should consider which teaching strategy/strategies will be the most appropriate after taking into consideration the results of the needs assessment, the learning objectives, the content and the skills of the facilitator.

#### 4.1.7. Format

The strategy/strategies used during the activity should relate to whether or not you are trying to impart knowledge, improve skills, change behaviour or attitude - or it could be a combination of these. Blended learning models that utilise online modules followed by face-to-face content are becoming increasingly popular format.

Learning new practical skills is much easier if there is the opportunity to practice and get feedback, so hands-on or practical workshops are recommended where possible.

Activities that involve small group discussions with relevant case studies or consideration of patient management problems are more useful to improve problem solving. E-learning activities that involve case studies and discussion forums could also be considered.

Lectures or articles may be useful to expand or provide new knowledge. Adequate time for questions allows the audience to make sure the information they receive is clear and relevant.

#### 4.1.8. Active involvement

Adult learning theory suggests participants should be actively involved in their own education, since they are often their own best teachers.

For example, surgeons with appropriate expertise or training can:

- present surgical topics in lectures or articles
- chair sessions and deliver lectures in a relevant surgical context
- design patient management problems
- facilitate groups of surgeons working through problem-based case studies
- teach practical techniques or procedures

#### 4.1.9. Timing

The primary purpose of CPD is to improve patient care. Recreation and social interaction must not detract from the education component of CPD, which should be allocated a significant proportion of hours when participants are alert and receptive.

# Planning your activity (cont.)

#### Step 4 - Evaluation

#### 4.1.10. What is an evaluation?

The primary purpose of evaluation is to review to what extent the learning objectives have been met. Evaluation is an integral component of planning and developing an education activity and is an essential element in the reflective learning process.

Therefore, as part of the process to develop relevant and quality education for surgeons, the evaluation tool should be adjusted as the actual activity is being developed.

#### 4.1.11. Why is evaluation important?

For participants — learning is more effective if participants are given the opportunity to reflect on what they have learnt and what further information on the topic they may need.

For you as a provider – it is important to assess whether or not the education activities you held were successful. This information is useful to help you plan future education activities.

Evaluation of an education activity should focus on the learning of the surgeon:

- to what extent have the stated learning objectives been met?
- what additional learning insights has the surgeon experienced?
- how will this new learning change the surgeon's day-to-day practice?
- what else does the surgeon need to know in relation to this topic?
- how does the surgeon intend to access this further learning?

#### 4.1.12. How can evaluation be done?

Providers can select from a number of evaluation methods including:

- assessment of individual participants' perception of how well the activity achieved the learning objectives, using questions designed to relate to each specific learning objective
- group discussion about the specified learning objectives and consensus about content and achievement
- questions testing knowledge, e.g. MCQs, true/false answers
- practical demonstration of skills with feedback
- small group discussion for identification of the main learning points, and how these may be used in participants' own practices

Your evaluation method(s) should reflect your learning objectives. You will also need to choose the most appropriate evaluation method for the format of your activity.

For example, a workshop covering suture techniques will be better evaluated by practical assessment than by a knowledge-based quiz.

In summary, consider:

- an integrated evaluation process vs 'tagon-the-end' questionnaire
- time for reflection to inform learning vs content overload
- ongoing application to practice vs shortterm information

The Professional Standards Team welcomes reports of evaluations of approved education activities.

#### Certificates of Attendance

You may wish to provide a certificate of attendance to the participants who attended the activity stating their name, the date of the activity and number of CPD points that can be claimed for the event. Please note this is optional, and not required for the activity to be approved by RACS.



# Auditing CPD activity providers

Activities may be audited to ensure the highest standards of medical education and continuing professional development are upheld and endorsed by the College. The provider will be required to present further evidence of their activity for review. The provider must supply the evidence requested within 28 days of the notification of audit. At the discretion of the College, a RACS staff member, or a nominated Fellow, may attend the CPD activity as part of the process. In this situation, the provider will be notified at least two weeks prior to the event. Refusal to comply with the audit will result in the loss of approval for that activity and future activities from that provider.

#### Need help?

If you have any questions please call the Professional Standards Department on +61 3 9249 1282 or cme.approvals@surgeons.org.

#### **Associated documents**

CPD Guide

Interactions with the Medical Industry Position Paper

Live Transmission of Surgery Position Paper RACS Diversity and Inclusion Plan

RACS Sponsorship Policy

Surgical Competence and Performance Guide

# Bibliography

Bloom BS. Effects of continuing Medical Education on improving physician clinical care and patient health: a review of systematic reviews. Int J Technol assess, 2005, 21(3), 380 – 5

Bradshaw J The concept of social need New Society 1972 640-645

Cantillon P & Jones R 'Does continuing medical education in general practice make a difference?' BMJ 1999 318:1276-9

Davis D, Thomson M, Oxman A & Haynes R 'Changing physician performance: a systematic review of the effect of continuing medical education strategies' JAMA 1995 275:700-5

Davis D, Thomson M, Freemantle N, Wolf F, Mazmanian P & Taylor-Vaisey 'A Do conferences, workshops, rounds and other traditional continuing education activities change physician behaviour or health care outcomes?' JAMA 1999 282:867-874

European Union of Medical Specialists, 'The Accreditation of e-Learning Materials by the EACCME',

Gagliardi A, Wright F, Anderson M & Davis D., 'The Role of Collegial Interaction in Continuing Professional Development', J Cont Educ Health Prof 2007, 27(4) 214-219

Grant J 'The Good CPD Guide- a practical guide to managed continuing professional development in medicine, 2012, Radcliffe Publishing, London

Hammick M, Freeth D, Koppel, et al, a best evidence systematic review of inter-professional education, BEME Guide No 9. Med teach 2008, 29(8), 735-51

Mansouri M & Lockyer J, A Meta-Analysis of Continuing Medical Education Effectiveness, J Cont Educ Health Prof, 2007, 27(1) 6-15

Mazmanian P, Daffron S, Johnson R, Davis, D & Kantrowitz, M., 'Information about Barriers to Planned Change: a randomized control trial involving continuing medical education lectures and commitment to change', 1998, Acad Med 73: 882-886

Mazmanian P & Davis D 'Continuing Medical Education and the Physician as a Learner: Guide to the Evidence' JAMA 2002, 288: 1057-1060

National Health Service Scotland, Making Continuous Professional Development Work, 2003

O'Brien M, Freemantle N, Oxman A, Wolf F, Davis D, Odgaard-Jensen, J & Oxman, A., 'Continuing Education Meetings and Workshops: effects on professional practice and health care outcomes', 2008(a) Cochrane database of Systematic Review Issue 3

Peck C, McCall M, McLaren B & Rotem T 'Continuing Medical Education and Continuing Professional Development: International Comparisons' British Medical Journal 2000, 320: 432-435

Rhodes R, Biesten T, Ritchie W & Malangoni M., 'Continuing Medical Education Activity and American Board of Surgery Examination Performance', J Am Coll Surg, 2003, 196(4) 604-609

Rogers D, Elstein A & Bordage G 'Improving Continuing Medical Education for Surgical Techniques: applying the lessons learned in the first decade of minimal access surgery' Annals of Surgery 2001, 233(2): 159-166

Royal Australasian College of Surgeons, Continuing Professional Development Program, accessed at http://www.surgeons.org/media/18810259/continuing\_professional\_development\_cpd\_guide\_2013.pdf

Royal Australasian College of Surgeons, Surgical Competence and Performance Guide, accessed at http://www.surgeons.org/media/348281/2011-06-23\_pos\_fes-pst-024\_surgical\_competence\_and\_performance\_guide\_2nd\_edition.pdf

Sanders J, 'Cost-effective continuing professional development'. In: K Walsh (ed) 'Cost Effectiveness in Medical Education', Oxford Radcliffe Publishing 2010

Young Y, Brigley S, Littlejohn P, et al. 'Continuing education for public health medicine –

is it just another paper exercise'. J Public Health Med 1996, 18(3), 357-63

# **Appendix**

# **RACS Ten Surgical Competencies**

Competency	Associated Behavioural Markers	
1. Medical expertise	<ul><li>1.1 Demonstrates medical skills and expertise</li><li>1.2 Monitors and evaluates patient care</li><li>1.3 Demonstrates a patient centred approach to quality, risk and safety</li></ul>	
2. Judgement and clinical decision making	2.1 Recognises conditions and circumstances where surgery may be needed 2.2 Plans ahead and anticipates consequences 2.3 Considers and discusses options 2.4 Implements and reviews decisions	
3. Technical expertise	3.1 Maintains technical skills 3.2 Operates safely within defined scope of practice	
4. Professionalism	<ul> <li>4.1 Demonstrates awareness and insight</li> <li>4.2 Observes ethics and probity</li> <li>4.3 Behaves in a respectful and culturally competent manner towards colleagues and team</li> <li>4.4 Maintains personal health and wellbeing</li> <li>4.5 Demonstrates ethical billing practices</li> </ul>	
5. Health advocacy	<ul> <li>5.1 Cares with compassion and respect for patient rights</li> <li>5.2 Responds to the social determinants of health</li> <li>5.3 Demonstrates a commitment to the sustainability of the health care system</li> <li>5.4 Cares for the wellbeing of colleagues</li> </ul>	
6. Communication	<ul> <li>6.1 Gathers and understands information</li> <li>6.2 Discusses and communicates options</li> <li>6.3 Communicates in a respectful manner with patients, families and carers</li> <li>6.4 Communicates effectively with team members, staff and colleagues</li> </ul>	
7. Collaboration and teamwork	7.1 Plays an inclusive and active role in clinical teams 7.2 Establishes a shared understanding through appropriate documentation and exchange of information 7.3 Demonstrates a willingness to seek or offer a second opinion 7.4 Fosters an environment where patient safety measures are the team's responsibility 7.5 Supports conflict resolution and manages differences within the team	
8. Leadership and management	8.1 Identifies when to lead, manage or take direction as required 8.2 Leads to inspires others 8.3 Sets and maintains standards 8.4 Supports others	
9. Scholarship and teaching	9.1 Shows commitment to lifelong learning 9.2 Teaches, supervises and participates in assessment 9.3 Engages with research to improve surgical practice	
10. Cultural competence and cultural safety	10.1 Indigenous Health. Promotes cultural competence and cultural safety across the whole health system in order to achieve equitable healthcare for Aboriginal and Torres Strait Islander peoples and Māori 10.2 Fosters a safe and respectful health care environment for all patients, families and carers 10.3 Promotes an inclusive and safe workplace for all colleagues and team members	



# Uploading CPD attendance data to your activity in the Provider Portal

## **Uploading Attendance**

Step 1. Go to our log on page and sign in.

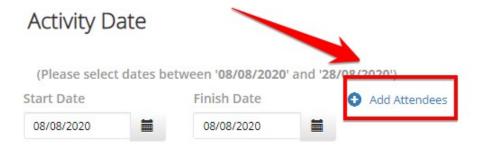
Step 2. Click on the 'Attendance' button.



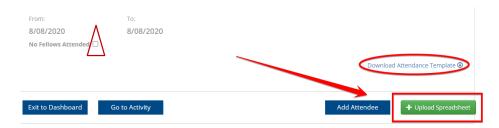
Step 3. Click on the relevant activity.



Step 4. Scroll down to 'Activity Date' and click on 'Add Attendees'.



**Step 5.** Download the Attendance Template, fill it out, and then upload it via the link. (Click on 'No Fellows Attended' if that is the case).



**IMPORTANT:** Please double check all spelling and RACS ID numbers before uploading the spreadsheet as any discrepancies will cause the upload to fail. If there are only one or two members you can add them individually rather than using the spreadsheet.

FOR INFORMATION AND SUPPORT CONTACT cme.approval@surgeons.org



# CPD Approved Activities Application Process

## **Creating an Account**

**Step 1.** Go to our log on page – click <u>HERE</u>

Step 2. Click on 'Sign up now' and complete the steps to create your account.



**Step 3.** Contact us at <a href="mailto:cme.approval@surgeons.org">cme.approval@surgeons.org</a> to let us know you have created your account. <a href="mailto:Please">Please</a> include the contact details of the activity provider.

WHAT HAPPENS NEXT? A link will be created between you and your organisation in the Provider Portal. You will receive a confirmation email when this has been completed. You can then log into the portal and make CME application.

## **Making an Application**

Step 1. Go to our log on page and sign in.

Step 2. Click on the 'New CME Application' button.



THE PROCESS: There are five steps in this process (outlined on the next page). Please make sure you have all the information about this training program handy before you begin including: Dates; Venues; Needs Assessment; Learning Objective; Description of activity; Delivery method; Facilitators; Detailed program information; and, Evaluation tools. You can save part way through and come back later.



#### **Event Details**

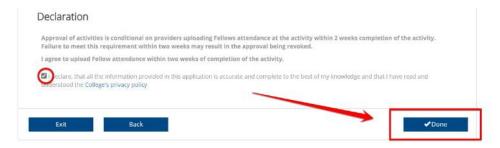
**Step 1.** Complete Steps 1 – 4 making sure you have referenced the required College policies which include:

- RACS Diversity and Inclusion plan
- RACS Sponsorship policy
- RACS Interactions with the Medical Industry position paper
- RACS Privacy of Personal Information policy

**Step 2.** Complete and upload any additional forms/documents relevant to your activities including those found in 'CME Resources' on the Dashboard.



Step 3. Complete Step 5 and click 'Done'.



## **Resources and Obligations**

### Logo

Once your activity is approved you may use our 'RACS CPD Approved' logo in your publicity materials and initiatives. (Located in CME Resources)

#### **Attendance**

The names and RACS ID of any RACS members who attend should be collected. Those details should then be submitted into the portal within two weeks of the activity occurring.

#### FEATURES: The Provider Portal features include:

- Simplified uploading of supporting documents
- Copy function to simplify activity applications
- Easy access to activity due dates for re-application
- Auto population of attendance into the Fellows' My CPD online portfolio

FOR INFORMATION AND SUPPORT CONTACT <a href="mailto:cme.approval@surgeons.org">cme.approval@surgeons.org</a>

