

Participate in a peer reviewed surgical audit, and an audit of surgical mortality (if appropriate)		
Have you undertaken a Peer Reviewed Surgical Audit in 2020? If so, please select:		
Total practice Selected Clinical unit Specialty RACS Clinical Indicators	Yes	No 🔲
Audit Approved by Professional Development and Standards Board Log Book	res 🗀	
Peer Review of Reports (Non Operative Fellows only)		
Did you receive and return all ANZASM case forms to your relevant office? (CHASM only)	Yes	No 🔲
Did you receive and recum any meaning to your relevant office. (Of more only)		
Category 2 Clinical Governance & Quality Improvement	Number of e	ducational hours
COVID-19 Related Activities		
Hospital/Clinical Meetings		
Meetings reviewing adverse events		
Organisation/review of surgical services meetings		
Completion of Surgical Case Form		
Complete ANZASM first line assessment form		
Complete ANZASM second line assessment form		
Meeting the administrators/management (focusing on improved patient care)		
Reviewer of the Trauma Verification program		
Other clinical governance meetings		
Participation in annual individual and/or department performance review		
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Catagory 2 Maintananae of Knowledge and Skills	Number of or	ducational hours
Category 3 Maintenance of Knowledge and Skills	Number of ed	aucational nours
Attendance at scientific meetings Overseas meeting with CPD recognised by national body		
Approved interactive surgical and clinical workshops		
Courses/Workshops that focus on non-technical competencies		
eLearning activity		
Attendance at RACS Courses/Workshops		
Teaching on RACS courses/workshops		
General teaching to trainees/undergraduates		
Supervision of surgical trainees		
Development of education materials		
Examiner (AMC, University, other accredited provider)		
Publication of a surgical/medical book		
Publication in referred journal, chapter in surgical/medical book		
Acting as a referee for a journal article		
Peer review of three reports (Reviewer)		
Presentation to surgical/medical peers at a scientific meeting		
Presentation to other health professional/community groups		
Participation in other courses at tertiary institutions or other recognised providers		
Participation in volunteer services		
Participation in an ASERNIP-S review, a clinical trial or organised clinical research		
Structured and approved small group learning RACS Microlearning Activities		
General activities (journal reading, researching clinical information)		
Other maintenance of knowledge and skills activities		
Other maintenance of knowledge and skins dearwises		
Category 4 Reflective Practice		
Operate with Respect eLearning module	YES	S / NO
RACS Reflective Practice Microlearning Activity		
Cultural Competency training		
Multisource feedback using a structured framework		
Development of a structured learning plan		
Participation in a structured mentoring program		
Surgical or clinical attachment to a peer		
Participation in patient feedback survey		
Recipient of Practice Visit (incl. evaluation/action plan)		
Participation in a Practice Visit (as a visitor)		
Declaration		
I, RACS IDdeclare the informati	on provided is s	in accurate
account of my Continuing Professional Development activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with supporting document activities and can be verified at any time with support activities and can be verified at any time activities and can be verified at any time activities and can be verified at any time activities and can be verified at a constant activities and can be verified at any time activities and can be verified at a constant activities and constant activities activi	entation. I ackn	owledge my
responsibility to uphold the high standards of Fellowship and abide by the College's Code of Conduct.		
Signed: Date:		