1. PURPOSE AND SCOPE

This policy outlines the requirements for participation and compliance with the Continuing Professional Development (CPD) Program, including verification.

To uphold standards of good practice and the reputation of RACS and its Fellows, the College has to be accountable and transparent in its operation of the CPD Program.

The Professional Development and Standards Board (PDSB) is responsible to the College Council for providing the policy framework to ensure maintenance of competence of Fellows and provision of high quality surgical care to patients. The PDSB is also responsible for setting the policy for the CPD Program and monitoring participation and compliance.

The CPD Program is developed in consultation with Specialty Societies, Associations and Regional Committees to ensure that it meets the needs of Fellows and reflects current educational principles and surgical standards.

2. KEYWORDS

Continuing Professional Development (CPD) Program, participation, compliance.

3. BODY OF POLICY

3.1. Annual Data Collection

All active Fellows involved in any form of medicine, surgery, medico-legal services or non-procedural and non-clinical work such as research or administration have a mandatory registration requirement to participate in an approved CPD Program.

In order to participate in the College CPD Program Fellows must submit a return to the College each year either through CPD Online or the activity form.

3.2. CPD Online

Fellows can enter their CPD data online via RACS Portfolio (portfolio.surgeons.org).

CPD Online allows Fellows to:

3.2.1 Review annual CPD Program requirements, adjust their practice type and apply for an exemption

3.2.2 Maintain an accurate record of CPD activities as they occur

3.2.3 Effectively plan professional development activities to meet the CPD requirements

3.2.4 Print annual Statements of Compliance

Fellows can enter their CPD activities at any time throughout the year. Once a Fellow has entered sufficient information to meet the minimum requirements of their practice type, they can submit their CPD data and access a Statement of Compliance online.

3.3. Activity Form

In November each year, those Fellows who are not using CPD Online to record their CPD activities receive a hard copy Activity Form and a transcript outlining those events already captured in their CPD Online record. This form must be returned to the Professional Standards Department by no later than 28 February, of the following year.
3.4. Participation

Medical boards and hospitals require evidence of participation in a CPD program for registration, appointment and credentialing purposes.

Fellows who have participated in the CPD Program (either through CPD Online or the Activity Form) and have met the annual requirements receive an annual Statement of Compliance. The statement may be supplied to medical registration boards, hospitals or other organisations as evidence of participation in and compliance with an approved professional development program.

Fellows who have participated in the CPD Program but do not meet the annual requirements receive further correspondence which details the area(s) that require attention.

A schedule of communications is approved annually by the Professional Development and Standards Board. Participants will receive no less than four general reminders. In addition, they will receive individual, targeted reminders via email and text throughout the first six months of the year. Participants also receive regular communication via Surgical News, Fax Mentis and Council Highlights.

3.5. Compliance

All participants in the CPD program must comply with the minimum requirements of their practice type (see CPD Program – Aims and Requirements Policy). Fellows who are a surgical supervisor, IMG Clinical Assessor, Trainer or representative on a Training Board and/or Education Committee must also meet the requirements outlined in the Expert Advisory Group action plan – Building Respect, Improving Patient Safety (see CPD Program – Aims and Requirements Policy).

Fellows who anticipate that they may experience difficulty meeting any of the requirements of the CPD Program are encouraged to contact the Professional Standards Department or their Specialty Society. Every effort will be made to assist Fellows experiencing difficulty.

Fellows who do not participate annually by 28 February of the following year or who do not successfully verify (if selected to do so) will be considered ‘non-compliant’. Fellows who remain non-compliant will not be eligible for the Statement of Compliance.

CPD non-compliance is a breach of the Code of Conduct and a sanction may be applied. Non-compliance with CPD requirements is addressed through the Professional Conduct Committee with reference to the Sanctions policy.

3.6. Verification

The Professional Development and Standards Board (PDSB) have determined that 7% of Fellows will be randomly selected annually to verify their CPD data. Fellows who successfully verify data are unable to be randomly selected for verification for the next three years.

A Fellow may also be asked to verify outside of the random selection process at the discretion of the Chair of Professional Development and Standards Board.

Until a Fellow has successfully verified the components of their CPD relevant to their practice type, they are ineligible to receive their annual Statement of Compliance. Fellows who are under verification and who are non-compliant will be given four reminders (see 3.4).
Fellows who are selected to verify their CPD data will be notified in writing in November of each year. All Fellows selected to verify must do so via CPD Online.

Failure to verify when required to do so is a breach of the Code of Conduct and will be referred to the Professional Conduct Committee.

3.6.1 Automatic upload of evidence of participation

The College automatically uploads activities in a Fellow’s CPD Online for attendance at RACS events and those activities that have been approved by the College as Continuing Medical Education. Activities that have been populated by RACS are also automatically verified on a Fellow’s behalf and no supporting evidence is required.

3.6.2 Manual upload of evidence of participation

For those activities not approved and automatically uploaded into a Fellow’s CPD Online record, the following supporting documentation is required in order to successfully verify CPD participation:

3.6.2.1 Category One: Surgical Audit and Peer Review

For peer reviewed Surgical Audit

a. A certificate or letter of participation from a specialty society
b. A certificate or letter of participation from a PDSB approved audit
c. A letter from your head of department or peer confirming your participation

For ANZASM

a. All Fellows with the exception of those practising in NSW will have this data automatically populated into their CPD Online
b. Those Fellows residing in NSW must request a Certificate of Participation from the Collaborating Hospitals’ Audit of Surgical Mortality (CHASM) office

3.6.2.2 Category Two: Clinical Governance and Quality Improvement

a. A letter from your head of department confirming your attendance
b. Photocopy of first page of minutes confirming your participation

3.6.2.3 Category Three: Maintenance of Knowledge and Skills

a. Copy of a Certificate of Attendance
b. Details of journal reading (i.e. journal titles, dates)
c. Copies of letters of appointment to teaching posts
d. Copies of presentations (including date/time)
e. Copy of published journal article
f. Details of participation in volunteer services

3.6.2.4 Category Four: Reflective Practice

a. Confirmation letter from reviewer(s) of multisource feedback
b. Details of practice visit

c. Copy of learning plan

d. Summary of patient feedback report

The Professional Standards Department is available to assist Fellows selected to verify and provide advice on supporting documentation required.

3.7. Participation in Other Programs

Participation in a number of professional development programs offered by other Specialist Medical Colleges, Societies and Associations is deemed equivalent to meeting RACS requirements for CPD. To be deemed equivalent RACS CPD Program, other professional development programs must first be approved by the PDSB.

The criteria applied by the PDSB for approving CPD Programs conducted by other specialist Medical Colleges, Societies and Associations are based on the RACS CPD Program requirements. All programs must:

3.7.1. Encompass surgical audit and peer review, including mortality audits where applicable

3.7.2. Include clinical governance and reflective practice activities

3.7.3. Have a minimum requirement for Continuing Medical Education (CME) activities. This may include scientific and clinical meetings, teaching and examination, research and publications and other professional development activities; such as volunteer services, participation in other courses at tertiary institutions and medico-legal activities

3.7.4. Be regularly validated by the College

Fellows who choose to participate in an approved CPD Program other than RACS are not required to participate in RACS CPD Program. These Fellows do not receive annual CPD Statements of Compliance from RACS. The Professional Standards Department contacts Colleges providing CPD programs to Fellows annually to ascertain their compliance for the purposes of eligibility to participate in the 'Find a Surgeon' facility on the College website.

The other professional development programs that have been approved by the PDSB are:

a. Australian Orthopaedic Association
b. New Zealand Orthopaedic Association
c. Royal College of Physicians and Surgeons of Canada
d. Royal Australian and New Zealand College of Ophthalmologists
e. Royal Australian and New Zealand College of Obstetricians and Gynaecologists

4. ASSOCIATED DOCUMENTS

- Continuing Professional Development Program Guide
- Surgical Audit and Peer Review Guide
- CPD Program - Aims and Requirements Policy

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Sanctions Policy
Locum Evaluation and Peer Review Committee Terms of Reference
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**Approver**  Professional Development and Standards Board
**Authoriser**  Council