



Royal Australasian
College of Surgeons

Continuing Professional Development Guide

1 July 2021

CONTRIBUTORS

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A message from the Chair

As Fellows of the Royal Australasian College of Surgeons, we are proud to represent and serve a diverse range of communities across Australia and Aotearoa New Zealand.

During what has been an extraordinary period of technological and social disruption, we have continued to demonstrate our commitment to participating in professional development that is representative of the roles we undertake across a range of clinical and non-clinical settings.

And while in recent times we may not have been able to come together to attend education events as we once would have expected, the value of belonging to a community of surgical peers has never been more clear.

Changes to the CPD Program

Following a comprehensive review of the CPD Program, we have focused on developing a model that is relevant to surgeons across a range of practice settings while also ensuring that we align with the new regulatory standards set by the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

The revised MBA and MCNZ standards require a greater emphasis on professional development that focuses on measuring outcomes, performance review, reflection and activities that support a greater understanding of cultural competency and health equity. To support on-going compliance with these standards, the key changes to the RACS CPD Program from July 2021 are:

Area of Practice

From 1 July 2021, Fellows must participate in CPD that aligns to their Area/s of Practice (often referred to as Scope of Practice), including technical and non-technical competencies. At least 50% of CPD participation must directly relate to a Fellow's self-defined Area of Practice, while the remaining 50% can relate to other relevant surgical interests such as pursuing re-skilling or re-training opportunities.

Annual Learning Plan

All Fellows must complete an annual learning plan, as required by the MBA and MCNZ. The RACS CPD Learning Plan (available online) is aligned to the ten surgical competencies and encourages Fellows to plan their annual CPD activities at the start of each CPD period and pause for reflection at the end of the year.

Reflecting on Performance

The revised program introduces a new CPD category - Performance Review - which places greater emphasis on activities that reflect on outcomes and performance across clinical, training and teaching settings. The introduction of this category recognises that self-reflection and evaluation of performance at an individual or systemic level supports a cycle of on-going quality improvement that is important to a patient-centred environment.

Cultural Competence, Cultural Safety and Health Equity

In 2020 RACS introduced a tenth competency - Cultural Competence and Cultural Safety - in recognition of the significance of health inequities on poor health outcomes – particularly Indigenous peoples in Australia and Māori in Aotearoa New Zealand. Participation in CPD activities that support a greater understanding of cultural competence, cultural safety and health inequity will feature prominently in the CPD Program in the future.

CPD Online

To support the revised CPD Program, RACS has developed a new 'CPD Online' tool to help you track your professional development throughout the year. Access to CPD Online will be available via desktop and also as a mobile app. For more information, please see page 12.



Professor Andrew Hill
**Chair, Professional Standards and
Advocacy Committee**



Associate Professor Kerin Fielding
Chair, Professional Standards Committee

1 Overview

The RACS Continuing Professional Development (CPD) Program has been developed to closely align with the Medical Board of Australia (MBA) CPD registration standard and recertification requirements set by the Medical Council of New Zealand (MCNZ).

All active RACS Fellows are required undertake an annual program CPD by participating in the RACS program or an alternative CPD program that is recognised by RACS (refer to 1.6, pg. 4).

Fellows must meet the all CPD requirements regardless of their practice type. RACS is working to ensure there are sufficient activities available to support surgeons across operative, non-operative and non-clinical settings.

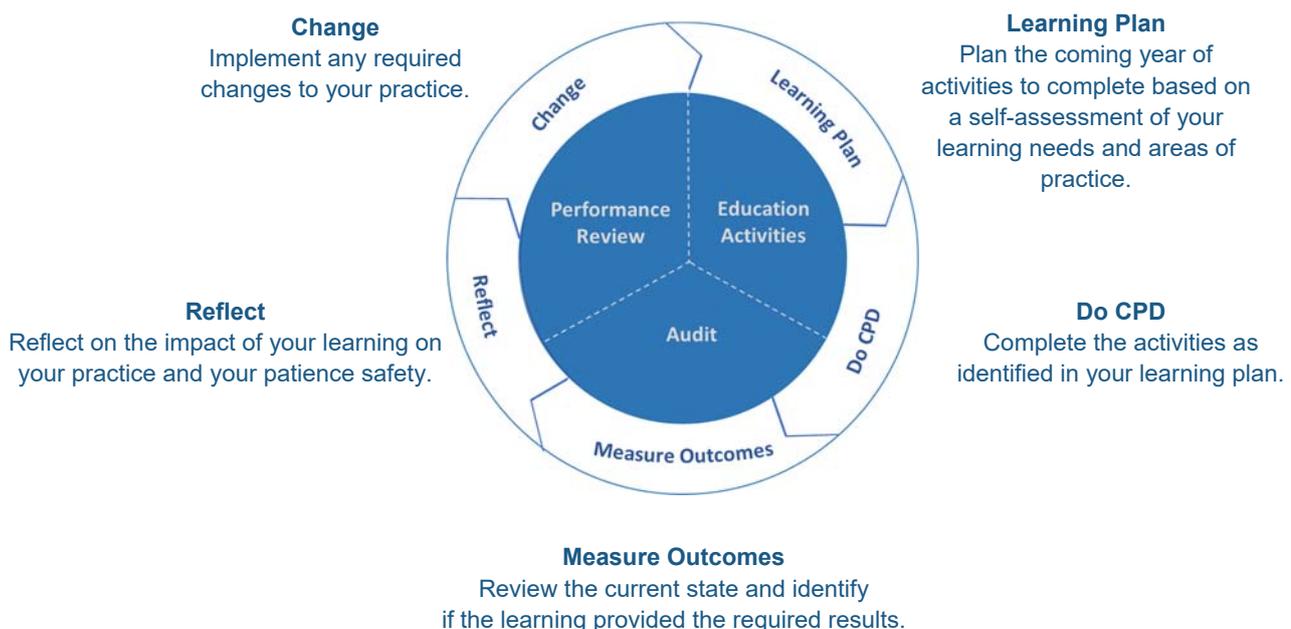
1.1 AIMS

The aims of the RACS CPD Program are to:

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

1.2 CPD CYCLE

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



1.3 AREA OF PRACTICE

The RACS CPD Program has transitioned away from 'Practice Types' as a means of determining the type of CPD a Fellow must undertake each year.

From 1 July 2021, Fellows must participate in CPD that aligns to their Area/s of Practice (often referred to as Scope of Practice), including technical and non-technical competencies.

At least 50% of CPD activity must directly relate to a Fellow's current Area of Practice. The remaining 50% of CPD activities can relate to an Area of Practice or other interests such as pursuing re-skilling or re-training opportunities.

Area of Practice is self-defined by a Fellow and can be reviewed at any time throughout the CPD year. The list of Areas of Practice has been developed in consultation with surgical specialty societies and associations. Fellows can also identify other areas that form part of their practice outside of their surgical specialty such as teaching, supervision, medico-legal practice etc.

1.4 SURGICAL COMPETENCIES

Fellows are encouraged to participate in CPD across the breadth of the surgical competencies.

In 2020 RACS introduced a tenth competency - Cultural Competence and Cultural Safety - in recognition of the significance of health inequities on poor health outcomes – particularly Indigenous peoples in Australia and Māori in Aotearoa New Zealand.

The MCNZ also requires cultural safety and a focus on health equity to be embedded across CPD activities. RACS will be providing guidance to Fellows on this requirement as the new program is implemented.

For more information about the surgical competence framework please visit: [Surgical Competence and Performance Guide](#).

1.5 COMPLIANCE

As an on-going requirement for registration in Australia and Aotearoa New Zealand, all Fellows must comply with the RACS CPD Program or another approved program.

Once all requirements are finalised, Fellows participating in the RACS Program will be issued with the annual CPD Certificate which can be used to demonstrate compliance to regulatory authorities, hospitals etc. The deadline for CPD to be submitted to RACS is **28 February**.

Non-compliance with CPD is regarded as a breach of the Code of Conduct and will trigger a response as outlined in the Professional Conduct Committee Terms of Reference. All Fellows should be aware that the ultimate sanction under this policy is loss of Fellowship including notification to the appropriate registration authority.

As the provider of a recognised CPD Program, RACS is required to report compliance with the CPD standards to the MBA and MCNZ.

1.6 PARTICIPATION IN OTHER PROGRAMS (POP)

Participation in professional development programs offered by other specialist medical colleges and associations may be deemed equivalent to meeting RACS CPD Program requirements. To be deemed equivalent, programs must first be approved by the Professional Standards and Advocacy Board (PSAC).

Fellows who choose to participate in an alternative CPD Program approved by RACS are not required to also participate in the RACS CPD Program. On receipt of evidence of compliance with another approved CPD Program, Fellows will be recorded as having completed their CPD requirements.

The CPD programs that have been approved by the PSAC and deemed equivalent are:

- Australian Orthopaedic Association
- New Zealand Orthopaedic Association
- Royal Australian and New Zealand College of Ophthalmologists

Fellows who wish to participate in other professional development programs or who are participating in a program that is not listed above are advised to contact the Professional Standards Department.

1.7 HELP AND SUPPORT

RACS CPD

The RACS CPD Team are here to provide support at any time throughout the CPD year and can be contacted on:

Phone: +61 3 9249 1282 (9AM – 5PM AEST/AEDST) **Email:** CPD.College@surgeons.org

AUSTRALIAN AND NEW ZEALAND AUDIT OF SURGICAL MORTALITY

For support on matters relating to ANZASM, please contact:

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-incident/mortality-review-authorized-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
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

For information about your specialty society, please refer to pg.14 of this guide.

2 Annual CPD Requirements

Fellows are required to comply with all requirements of the CPD Program regardless of their practice or hours worked. The minimum CPD requirements per annum are outlined in Table 1: RACS CPD Program.

CATEGORY	STANDARD (ANNUAL)	MINIMUM REQUIREMENT
Learning Plan	Complete a Learning Plan	One (1) per annum
Education Activities	Complete education activities	At least two (2) activities Minimum 40 points per annum
Audit	Complete an audit of self/own practice Complete an audit of surgical mortality	At least one (1) audit. Complete ANZASM surgical audit case forms are required Minimum 10 hours per annum
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

Table 1: RACS CPD Program Requirements

3 CPD Categories

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. A Learning Plan should include specific, appropriate, and measurable goals which align with your Area of Practice, along with self-analysis and personal reflection at the end of the CPD year.

Your self-reflection at the end of the CPD year should explain the relevance of the activity to your current Area of Practice and your competence and performance as a health professional. It should explore your reaction to the CPD activities, whether it helped you, challenged you, or informed you and should demonstrate whether the experience has informed your future practice or plans for further professional development.

Fellows can complete their annual Learning Plan using the tool available in CPD Online.

EDUCATION ACTIVITIES

Fellows are responsible for maintaining their skills, knowledge and competence which includes developments in their Area of Practice, as well as advances in clinical and medical science.

Education Activities facilitate the maintenance or improvement of the knowledge and skills required to work competently as a surgeon, with the aim of improving patient care and outcomes. Participation in education activities should incorporate technical and non-technical areas of knowledge across the ten surgical competencies.

RACS recognises and encourages Fellows to participate in education activities across a broad range of modalities including face-to-face learning events, blended learning models, formal and informal learning opportunities.

To encourage all surgeons to participate in a broad range of education activities that span the RACS ten surgical competencies, there have been caps (limits) applied to how many hours/points can be claimed for each activity each year. A comprehensive list of Education Activities recognised in the CPD Program can be found in Appendix 1 – RACS CPD Activity List and Caps (pg. 18).

AUDIT

Surgical audit is an unbiased, systematic and critical analysis of the quality of surgical care, reviewed by a peer(s) against explicit criteria or recognised standards. The purpose of an audit is to examine whether what you think is happening really is, and whether audited outcomes meet existing standards.

Surgical audit may take the form of a group/hospital/specialty audit (focused or generic) or a personal surgical audit (total/ practice/ selected). Participation in audit must align to a Fellow's Area of Practice and incorporate peer review.

A list of recognised surgical audits is available on the [RACS website](#).

Australian and New Zealand Audit of Surgical Mortality (ANZASM)

All Fellows who have a death of a patient under their care are required to participate in an Australian and New Zealand Audit of Surgical Mortality (ANZASM) where there is an audit available (ANZASM is not available in Aotearoa New Zealand).

Participation in ANZASM is defined as 'Completion of all surgical case forms sent to the surgeon by ANZASM within two months of receiving the form'.

Completion of surgical case forms is automatically updated in a Fellow's CPD Online and verified by RACS, except for New South Wales (NSW) where Fellows are required to self-report their compliance.

Surgeons in non-operative or non-clinical roles

Surgeons who are working in non-operative or non-clinical roles are still required to complete a peer reviewed audit that related to their Area of Practice. In the clinical setting, this may include an audit of non-operative consultations or medico-legal/clinical reports. In a non-clinical setting, this could include a review of student evaluations (teaching). Fellows who are unsure how to meet this requirement are encouraged to contact the CPD Team to discuss their individual circumstances.

For more information on audit, please refer to the RACS [Surgical Audit and Peer Review Guide](#)

PERFORMANCE REVIEW

Performance Review refers to an activity where a surgeon critically reviews practice, skills and behaviours - either of themselves, their peers/teams or the broader professional environment – to identify strengths, weaknesses and areas of improvement.

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) '[Review by Peers](#)' advises that there are a number of factors that improve the quality of the performance review including: using structured assessment methods; using an increased number of reviewers and basing the assessment on evidence-based guidelines.

Performance review activities can be formal or informal and should include either self or shared reflection on how participation in the activity will improve patient care at an individual, team and/or system level. This quality assurance measure should support improvement across teams and should be conducted in an appropriate learning environment with protected time allocated to complete this activity.

The Performance Review CPD requirement consist of two key components: Performance Review of Self and Performance Review of Others.

PERFORMANCE REVIEW OF SELF

Performance Review of Self activities recognise the value of self-awareness, self-monitoring and self-regulation and how these attributes contribute to professionalism.

These activities should involve an analytical and critical analysis of your practice and performance. Fellow's should participate in frequent performance review activities in keeping with a continuous improvement cycle and include a feedback or improvement loop.

PERFORMANCE REVIEW OF OTHERS

Fellows have an important role in leading activities that improve performance across clinical, training and teaching settings. Most will have professional interactions across a broad network of peers including surgical colleagues, trainees and allied health teams.

When participating in activities that review performance of others, Fellow's should provide specific and constructive feedback. By providing feedback to others, Fellows demonstrate professionalism and leadership and can gain greater insight into their influence on surgical teams and the broader clinical environment (i.e. teaching/training)

A comprehensive list of Performance Review activities recognised in the CPD Program can be found in Appendix 1 – RACS CPD Activity List and Caps (pg.16).

4 Verification

Following a comprehensive statistical review, RACS will increase its CPD verification rate from 7% to 10% which will include:

- 5% - random selection from eligible surgeons
- 5% - random selection from surgeons who have never been verified

Eligibility is defined as surgeons who have a CPD requirement, have not received an exemption from CPD and have not had their CPD successfully verified in the last 5 years.

Changes to verification selection have been made in response to feedback that some Fellows may be required to verify many times throughout their career while others may never be selected.

RACS will provide notification to Fellows selected to verify their CPD of the requirement at least six weeks before the end of the CPD year. If selected to verify, Fellows are required to:

- Verify participation in activities* across all CPD categories
- Provide evidence of activity that is sufficient to meet the minimum annual requirements in each category
- Demonstrate that the activities are relevant to the self-defined Area of Practice

For information about the types of documentation for verification, please refer to Appendix 2 - Verification Documentation (pg.19).

*CPD activities that have been updated by RACS (RACS events or activities approved by RACS) are considered verified and Fellows are not required to provide further evidence.

5 Exemptions

RACS understands that there may be times during a Fellow's career where an exemption from CPD participation is required. Fellows can apply for three types of exemption from CPD participation:

- A full exemption from all CPD requirements
- A partial exemption from one or more CPD categories
- A partial exemption from an activity and/or pro-rata points/hours

An automatic full exemption from CPD requirements will be provided where a Fellow is:

- Newly admitted to RACS Fellowship (after 30 October)
- Undertaking training in one of the nine surgical specialties
- Retiring from active practice during the CPD year

A request for a full or partial exemption from CPD requirements will be considered where:

- Fellows are experiencing personal or family hardship
- Fellows are experiencing personal or family illness
- Fellows are on family leave
- Other circumstances

The following reasons **do not** constitute grounds for an exemption from CPD:

- Fellows residing overseas are required to participate in CPD in the country in which they reside or in the RACS CPD Program
- Fellows undertaking sub-specialty training or post-Fellowship training (PFET)
- Fellows who are retired but maintain registration where there is a regulatory requirement to participate in CPD

Before applying for an exemption, Fellows should ensure that they are aware of any regulatory requirements and the impact a CPD exemption may have on their practice.

All requests for exemptions will be treated confidentially and in accordance with the RACS Privacy Policy.

Support:

RACS is committed to providing support to surgeons to assist them appropriately through difficult situations. RACS has partnered with [Converge International](#) to provide confidential support to Fellows, Trainees, International Medical Graduates, RACS Global Health Volunteers and their immediate family members. You can contact Converge International by:

Telephone - 1300 687 327 in Australia or 0800 666 367 in New Zealand

Visit - [Converge International](#) and click on 'Live Chat' or the 'Make an EAP Appointment'

Email - eap@convergeintl.com.au

6 CPD Online

The RACS CPD Program is supported by a refreshed 'CPD Online' and mobile application ('app'). Some of the new features available to Fellows include:

- Comprehensive dashboard of activities and progress
- Ability to take a photo or screenshot and upload directly to an activity
- Access to CPD certificates and transcripts
- Instructional videos and FAQs

RACS will regularly release new features as they become available and would welcome feedback from Fellows and subscribers to the program on what they would like to see in the future.

ACCESSING CPD ONLINE

Access to CPD Online and information on how to download the app is available via the [RACS website](#).

FLEXIBLE ADDITION OF ACTIVITIES

The new CPD Program provides Fellows can select which CPD category they allocate an activity to where appropriate. This adjustment has been made in response to extensive feedback from Fellows and will provide greater recognition of activities that overlap with the CPD categories. To support this change, when entering activities online Fellows will first be asked to identify the specific activity and then be offered a choice of where they would like this activity allocated.

AUTOMATIC UPDATE OF CPD ACTIVITIES

RACS will continue to update attendance in CPD Online for CPD activities delivered by RACS or approved by RACS. Attendance at activities that have been automatically updated in a Fellow's CPD Online will also be considered automatically verified.

ACCESSING CPD CERTIFICATES

An annual CPD Certificate is available at the end of each CPD year to Fellows who are compliant with their CPD requirements. Fellows can also access a transcript of their CPD activities at any time throughout the year.

ONLINE RESOURCES

RACS offers a variety of online resources and tools to support Fellows completing their CPD. For more information, please visit the [RACS website](#) and login to your Portfolio.

Specialty and sub-Specialty societies also offer a variety of audit and education activities. For contact details, please refer to pg.14 of this guide.

7 Resources

ORGANISATION	RESOURCE
Royal Australasian College of Surgeons	Code of Conduct (2016)
	CPD Standards:
	<ul style="list-style-type: none">▪ Learning Plan▪ Education Activities▪ Audit▪ Performance Review
	Surgical Audit and Peer Review Guide (2021)
	Surgical Competence and Performance Guide (2020)
Medical Board of Australia	Mandatory Registration Standards
	Professional Performance Framework
	Recency of Practice Standard
	Good Medical Practice: A Code of Conduct for Doctors in Australia
Medical Council of New Zealand	Recertification requirements for vocationally-registered doctors in New Zealand
	Good Medical Practice

8 Contacts - Specialty Societies & Associations

SPECIALTY	WEBSITE
Cardiothoracic Surgery	<ul style="list-style-type: none"><u>Australian and New Zealand Society of Cardiac and Thoracic Surgeons</u>
General Surgery	<ul style="list-style-type: none"><u>General Surgeons Australia</u><u>New Zealand Association of General Surgeons</u><u>Australasian Paediatric Endocrine Group</u><u>Australasian Trauma Society</u><u>Australian & New Zealand Burns Association</u><u>Australian and New Zealand Endocrine Association</u><u>Australian and New Zealand Gastric and Oesophageal Surgery Association (ANZGOSA)</u><u>Australian and New Zealand Metabolic and Obesity Surgery Society (ANZMOSS)</u><u>Breast Surgeons of Australia and New Zealand (BreastSurgANZ)</u><u>Clinical Oncological Society of Australia</u><u>Colorectal Surgical Society of Australia and New Zealand</u><u>Endocrine Society of Australia</u><u>Gastroenterological Society of Australia</u>
Neurosurgery	<ul style="list-style-type: none"><u>Neurosurgical Society of Australasia</u><u>Spine Society of Australia</u>
Orthopaedic Surgery	<ul style="list-style-type: none"><u>Australian Orthopaedic Association</u><u>New Zealand Orthopaedic Association</u><u>Arthroplasty Society of Australia</u><u>Australasian Orthopaedic Trauma Society</u><u>Australian Hand Surgery Society</u><u>Australian Knee Society</u><u>Australian and New Zealand Orthopaedic Research Society</u><u>Australian Orthopaedic Foot & Ankle Society</u><u>Australian Paediatric Orthopaedic Society</u><u>Australia and New Zealand Sarcoma Association</u><u>Australian Society of Orthopaedic Surgeons</u><u>Medico-Legal Society</u><u>Shoulder & Elbow Society of Australia</u><u>Spine Society of Australia</u>

Otolaryngology Head and Neck Surgery

- [Australian Society of Otolaryngology Head and Neck Surgery](#)
- [New Zealand Society of Otolaryngology Head and Neck Surgery](#)
- [Australasian Society of Paediatric Otorhinolaryngology](#)
- [Australian & New Zealand Head & Neck Cancer Society](#)
- [Neuro-Otology Society of Australia](#)

Paediatric Surgery

- [Australian and New Zealand Association of Paediatric Surgeons](#)
- [Australian Paediatrics Society](#)
- [Paediatric Society of New Zealand](#)

Plastic and Reconstructive Surgery

- [Australian Society of Plastic Surgeons](#)
- [New Zealand Association of Plastic Surgeons](#)
- [Australasian Society of Aesthetic Plastic Surgery](#)
- [Australia and New Zealand Association of Oral and Maxillofacial Surgeons](#)
- [Australian and New Zealand Burns Association](#)
- [Australian and New Zealand Society of Craniomaxillofacial Surgeons](#)
- [Australian Hand Surgery Society](#)

Urology

- [The Urological Society of Australia and New Zealand](#)
- [Australian & New Zealand Society of Nephrology](#)

Vascular Surgery

- [Australian and New Zealand Society for Vascular Surgery](#)

Appendix 1 – RACS CPD Activity List and Caps

ACTIVITY	1A	1B	2A	2B	3	MAX POINTS PER CPD YEAR	POINTS PER ACTIVITY	POINTS PER HOUR
Specialty Society Audit	X							
Specialty Group Audit	X							
Clinical Unit Audit	X							
Locum Logbook	X							
MALT with peer review	X							
Total Practice Audit	X							
Selected audit from surgical practice	X							
Organisation review of surgical services	X			X				
Patient feedback including action plan	X		X					
Peer review of reports	X		X	X				
Peer review of cases / charts with feedback	X		X	X				
Structured conversation with a peer			X	X				
ANZASM surgical case form		X						
ANZASM first line assessment				X				
ANZASM second line assessment				X				
Committee meetings with educational content, such as guideline development				X				
Mortality and Morbidity meetings			X	X				
Participation in a structured mentoring program - mentor				X				
Participation in a structured mentoring program - mentee			X					
Practice visitor				X				
Recipient of a structured practice visit by a peer			X					
CPD Coach (being coached)				X				
CPD Coach (as coach)			X					
Meetings with administrators / management			X	X				
Meetings reviewing adverse events			X	X				

ACTIVITY	1A	1B	2A	2B	3	MAX POINTS PER CPD YEAR	POINTS PER ACTIVITY	POINTS PER HOUR
Participation in an annual individual or department performance review			X	X				
Reviewer – Trauma verification				X				
Peer discussions of critical incidents, safety and quality reviews			X	X				
Referring doctor's satisfaction survey			X					
Examiner – RACS, AMC, university				X				
Surgical attachment with peer			X	X				
Patient care satisfaction survey			X					
Multisource feedback using a structured framework			X	X				
Comprehensive health assessment with your GP			X					
Post-operative satisfaction questionnaire			X					
Supervision of surgical trainees				X	X	15		1
Participation in ASERNIP-S review, a clinical trial or organised clinical research			X	X	X	10		1
Acting as a referee for a journal article				X	X	15	5	
Publication of a surgical / medical book			X	X	X		30	
Publication in a refereed journal / chapter in surgical/medical book			X	X	X	30	15	N/A
Hospital clinical meeting			X	X	X			1
Presentation to surgical / medical peers at a scientific meeting			X	X	X	20	10	
Structured and approved small group learning e.g. Journal Club			X	X	X	10	-	1
Participation in volunteer services			X	X	X	20	-	1
Surgical Meetings including M&M, Multidisciplinary etc			X	X	X			1
Attendance at scientific meetings					X			1
Attendance at RACS courses / workshops					X			1
Approved RACS / society activity / workshop					X			1
Attendance at Specialty Society courses / workshop					X			1

ACTIVITY	1 A	1 B	2 A	2 B	3	MAX POINTS PER CPD YEAR	POINTS PER ACTIVITY	POINTS PER HOUR
Attendance at Specialty Association or Society scientific meeting					X			1
Cultural Competence and Cultural Safety					X			1
Development of educational material					X	15		1
eLearning					X	20		1
Journal reading / researching clinical information / informal discussions					X	20		1
Other courses / workshops that focus on non-technical competencies					X			1
Other approved interactive surgical or clinical workshops					X			1
Overseas meetings with CPD recognised national body					X			1
Participation in other courses at tertiary institutions or another recognised provider					X	20		1
Presentation to other health professional's community groups					X			1
Specialty group meetings including RACS Council/board committee meetings					X	30		1
Teaching on courses / workshops					X	30		1
Teaching on RACS courses / workshops					X	30		1
Teaching on specialty societies courses / workshops					X	20		1
Teaching to trainees / undergraduates				X	X	20		1

Category	Code
Audit	1a
Audit of Surgical Mortalities	1b
Performance Review of Self	2a
Performance Review of Other	2b
Education	3

Appendix 2 – Verification Documentation

Category	Evidence of Participation
Learning Plan	Completed Learning Plan through CPD Online
Education Activities	<p>Certification of Attendance</p> <p>Conference program detailing presentation</p> <p>Letter of thanks confirming volunteer service</p> <p>Letters of appointment to teaching posts, examinations etc</p> <p>Letter from head of department on hospital headed paper confirming attendance at meetings/supervision of students/journal clubs</p> <p>Official meeting minutes</p>
Audit	<p>Operative Audit</p> <ul style="list-style-type: none"> - Certificate of participation - A letter from the head of department or peer <p>Non-Operative Clinical Audit</p> <ul style="list-style-type: none"> - A letter confirming peer review of three reports <p>Other Non-Operative/Non-Clinical Audit:</p> <ul style="list-style-type: none"> - Confirmation of a peer discussion - Review of student evaluations forms <p>ANZASM Participation:</p> <p>Fellows outside of NSW are not required to provide evidence of participation.</p> <p>Fellows practising in NSW are required to provide a certificate from CHASM</p>
Performance Review	<p>Performance of Self:</p> <ul style="list-style-type: none"> - Confirmation letter or certification of completion of MSF - Letter from peer confirming participation in surgical attachments/discussions/reviews - Letter from hospital confirming participation in audits/individual or departmental performance reviews - Report on Patient Feedback Survey with action plan <p>Performance of Others:</p> <ul style="list-style-type: none"> - Letter/email confirming participation in MSF as a reviewer/rater - Letter from hospital confirming supervision or teaching

