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Message from the Chair

Dear Colleague,

The College pledge1 and Code of Conduct2 highlight the need for ongoing learning throughout one’s professional career. The strategy for learning needs to address the transitions and stages of being a surgeon from starting out, changes in practice as experience is gained, until winding down and retirement, recognising that with each transition there are specific challenges. Most surgeons will work for 30-40 years, and during these decades there will also be substantial changes in best practice.

Lifelong learning, continuous improvement and keeping up to date is not only a requirement for continuing professional development (CPD) but is also expected of every doctor and specialist by the regulatory authorities, Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Council of New Zealand (MCNZ). Indeed in North America, the United Kingdom and Europe, CPD is already an essential component of revalidation or recertification.

From 2013 we will no longer have a triennial program, but in line with what is expected by the regulators, there will be an annual requirement for CPD. The College program has been developed in consultation with the Specialty Societies and their representatives. What has evolved is simpler and more streamlined, with better defined types of practice, fewer categories and greater opportunities for online recording and verification. An annual program also enables the College to identify and provide timely support to the small proportion of Fellows who have difficulty with their CPD, whilst also providing a platform that is more responsive and individual.

Our learning needs to be aligned both to the competencies that provide a framework to assess performance and to our scope of practice. Understanding ‘how one is doing’ and what the opportunities are for improvement is an important part of individualising learning needs. In 2013, there is a new CPD category called Performance Review. The College’s Surgical Competence and Performance Guide3 provides an excellent multisource feedback tool to assist in this process, though there are others that are commercially available or used by hospital employers. Use of such a tool will not only accrue 30 points (half of the Category 3/4 annual points required), but will also be worth a further 30 points in each of the next two CPD years. Practice visits are another way of achieving performance review.

We recognise that most surgeons take CPD seriously and are motivated to participate. The regulatory authorities, acting on behalf of the public, now expect compliance with CPD. Our processes must be robust and transparent. From 2013 we therefore plan to verify 7% of surgeons’ CPD returns. We anticipate that a greater range of online options will make the verification process simpler and easier.

We hope this guide outlines a program and recommends activities that will enable you to identify and meet your learning needs. We believe that the 2013 CPD Program will provide reassurance to yourself, your patients, the hospital authorities where you work and the community that you are competent and compliant.

David Watters FRACS
Chair, Professional Development and Standards Board

Graeme Campbell FRACS
Chair, Professional Standards
After careful review and consultation with Specialty Societies and Associations, Regional Committees and Fellows, the Professional Development and Standards Board have approved the following 2013 CPD Program.

All active Fellows are required to participate in the CPD Program. As of 1 January 2013 the program is changing to an annual program and Fellows must participate in the program annually. The requirements of the program differ according to the practice type of an individual Fellow.

New Fellows are automatically enrolled in the College’s CPD Program from the time they are admitted to Fellowship. Fellows who are in active practice for six months or less within their first year of Fellowship will receive an exemption.

Aims
The aims of the CPD Program are:

- To advance the individual surgeon's surgical knowledge, skills and competence for the benefit of patients; and

- To provide Fellows of the College with tangible evidence of participation in and compliance with the CPD Program by award of an annual Statement of Compliance. This statement will attest that a Fellow is engaged in activities to maintain and enhance knowledge, skills and competence.

CPD Program Requirements Outline
The following requirements must be met to receive a Statement of Compliance and recertify as a Fellow of the College for 2013. Fellows must submit a record of their CPD activities annually. Failure to do so will result in non-compliance.

<table>
<thead>
<tr>
<th>Type of Surgical Practice</th>
<th>Requirement for 2013</th>
</tr>
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</table>
| 1. Operative practice in hospitals or day surgery units | • Undertake a peer reviewed surgical audit and participate in an audit of surgical mortality where appropriate (Category 1)  
• Accrue **10 points** from Clinical Governance – Quality Improvement, Evaluation of Patient Care and Professional Advocacy (Category 2)  
• Accrue **60 points** from Performance Review (Category 3) and/or Maintenance of Knowledge and Skills (Category 4) |
<table>
<thead>
<tr>
<th>Type of Surgical Practice</th>
<th>Requirement for 2013</th>
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</table>
| 2. Operative procedures in rooms only | - Undertake a peer reviewed surgical audit and participate in an audit of surgical mortality where appropriate (Category 1)  
- Accrue **60 points** from Performance Review (Category 3) and/or Maintenance of Knowledge and Skills (Category 4) |
| 3. Operative practice as a locum only | - Undertake a peer reviewed surgical audit and participate in an audit of surgical mortality where appropriate (Category 1)  
- If a peer reviewed audit is not available, maintain a logbook of surgical procedures and present this for review by the Locum Evaluation and Peer Review Committee  
- Accrue **60 points** from Performance Review (Category 3) and/or Maintenance of Knowledge and Skills (Category 4) |
| 4. Clinical consulting practice only | - Accrue **60 points** from Performance Review (Category 3) and/or Maintenance of Knowledge and Skills (Category 4) |
| 5. Other practice type (research, administration, academic, teaching, assisting etc) | - Accrue **30 points** from Performance Review (Category 3) and/or Maintenance of Knowledge and Skills (Category 4) |

Fellows working as locums are often able to participate in the normal peer reviewed audit that takes place in their hospitals. If locum surgeons cannot meet this requirement they should submit their de-identified audit data in the approved format to the Locum Evaluation and Peer Review Committee. From 2013 the committee will only review the logbooks of locums who perform an equivalent of 10 weeks full time work.

It is important that Fellows maintain the same standards of surgical care regardless of hours worked. Therefore, requirements are the same for full time and part time surgeons. Fellows should ensure that the majority of their CPD activities relate to their specific scope of practice.
Category One: Surgical Audit

All surgeons who conduct operative procedures in hospitals, day surgery units or private rooms (permanent and locums) are required to participate in a surgical audit each year, and to submit the audit for peer review.

The audit activity can be one of the following:

- A personal surgical audit that complies with College guidelines
  - Total/practice workload audit
  - Selected audit from surgical practice
  - Locum logbook
- A group audit
  - Clinical unit audit
  - Specialty group audit
  - Another audit approved by the Professional Development and Standards Board.

Approved audit activities can be found on the College website: [www.surgeons.org](http://www.surgeons.org)

The College is committed to excellence in clinical care and all surgeons in operative practice are expected to participate in regular surgical audit, peer review and quality assurance activities. The College has developed comprehensive guidelines for audit and peer review and strongly urges all Fellows and trainees to use the guide to review their practice. The Surgical Audit and Peer Review Guide4 is available from the College website.

Any surgeons experiencing difficulties in obtaining a peer review for their audit should contact the Department of Professional Standards or their relevant Specialty Society.

Australian and New Zealand Audit of Surgical Mortality (ANZASM)

The College Council has committed to a bi-national surgical mortality audit program - ANZASM.

Participation in ANZASM is a requirement of the College’s CPD Program. Surgeons who have a death of a patient under their care are required to participate in an ANZASM (where there is an audit available) by returning a completed case record form for review by ANZASM.

For the purposes of CPD, participation in ANZASM is defined as:

**Completion of all case record forms sent to the surgeon by ANZASM.**

If a surgeon believes that he or she has been sent a case record form in error, it is their responsibility to notify ANZASM explaining the situation and if possible identifying the relevant surgeon.

The following audits have been established as part of the Australian and New Zealand Audit of Surgical Mortality:

- Australian Capital Territory Audit of Surgical Mortality (ACTASM)
- Collaborative Hospitals Audit of Surgical Mortality (CHASM) (in NSW)
- Northern Territory Audit of Surgical Mortality (NTASM)
- Queensland Audit of Surgical Mortality (QASM)
- South Australian Audit of Perioperative Mortality (SAAPM)
- Tasmanian Audit of Surgical Mortality (TASM)
- Victorian Audit of Surgical Mortality (VASM)
- Western Australian Audit of Surgical Mortality (WAASM)

More information regarding ANZASM can be found on the College website: [www.surgeons.org](http://www.surgeons.org)

**Category Two: Clinical Governance – Quality Improvement, Evaluation of Patient Care and Professional Advocacy**

All operative surgeons (other than locums) who work within hospitals or day surgery units should be involved in ensuring the safe provision of pre-operative, operative and post-operative management of patients and the maintenance of surgical standards. This can be achieved by participating in any activity that examines and evaluates the clinical care of patients.

The Professional Development and Standards Board encourage Fellows to take a proactive approach to clinical governance opportunities at the local level. The clinical governance framework is made up of a number of elements that take place in a continuous quality improvement environment. These elements include clinical audit, clinical effectiveness, clinical risk management, staff and organisational development, patient and carer experience and information management. Within this framework, these elements combine to create an environment in which clinicians have the required skills and knowledge to provide safe and quality care to patients.
These activities generally attract 1 point per hour (1pph) and can include:

- Hospital/clinical meetings that focus on improvements in clinical care
- Meetings reviewing adverse events and instituting action to remedy systemic faults
- Activities related to organisation or review of surgical services
- Other hospital meetings (e.g. Credentials, Complaints, Ethics, Infection Control, Competence Review Committees)
- Meetings with hospital managers/administrators that contribute to improved clinical management of patients
- Participation in the Trauma Verification Program as a reviewer (max 5 points)
- Case record or first line assessor in the Australian and New Zealand Audit of Surgical Mortality (ANZASM) (1 point per hour, max 5 points per form/assessment)
- Second line assessor in the Australian and New Zealand Audit of Surgical Mortality (ANZASM) (3 points per hour, max 9 points per assessment)

**Category Three: Performance Review**

These are activities that focus on review of professional practice across the range of College Competencies and can include:

- Multisource feedback using a structured framework of surgical competencies e.g. the College’s Surgical Competence and Performance Guide (participants can claim 30 points in the year of the review, plus 30 points for a further two years)
- Development of a structured Learning Plan (10 points per annum)
- Patient Feedback Survey with action plan (15 points per annum)
- Recipient of a structured Practice Visit by a peer with evaluation and action plan (30 points per annum)
- Participation in a Practice Visit (as a visitor) (max 10 points per annum)
- Peer Review of three reports e.g. medico-legal, clinical etc. (15 points per annum)

This category is designed to encourage surgeons to monitor and reflect upon their own performance. Multisource feedback requires input from a minimum of six, preferably eight, observers. These observers must come from a range of disciplines. The feedback forms need to be collated by an individual who then provides structured feedback to the surgeon being assessed. The College’s Surgical Competence and Performance Guide provides an ideal structure for this process, but it is recognised that many organisations have comparable processes.

Multisource feedback need only be performed once every three years and 30 points can be claimed in each of these three years.

Practice visits will attract CPD points only when part of a structured program approved by the College. The program must arrange for nominated (not self-selected) visitors, using a standardised assessment system aligned to College Competencies and with appropriate feedback. Currently the only endorsed program is the New Zealand Orthopaedic Association (NZOA) program; however any society or group of surgeons can construct such a program for approval by the College.

**Category Four: Maintenance of Knowledge and Skills**

Surgeons are responsible for maintaining their skills, knowledge and competence and for keeping up to date with developments in their area of practice, as well as developments in clinical and medical science. These requirements can be met by attendance at scientific meetings and workshops/seminars directed at maintaining and enhancing knowledge and skills and other self-directed learning activities. Fellows should aim to cover activities that span the range of College competencies.

Attendance at meetings/seminars/workshops/courses normally attracts 1 point per hour and includes:

- Scientific meetings (e.g. the College ASC, Regional ASMs, Specialty Society ASMs)
- Courses/workshops that focus on professional practice (non-technical competencies) e.g. leadership, teamwork, communication skills, practice management, teaching/supervision skills etc.
- Overseas meetings accredited for CPD by a recognised national body in the country concerned
- Participation in a Masters/Diploma/Certificate course at tertiary institutions (max 20 points per annum)

To claim CPD credits for scientific and professional skills meetings, the event must be formally approved for CPD purposes. A list of approved activities and the criteria for approving an activity can be found on the College website: [www.surgeons.org](http://www.surgeons.org).

Other activities in Category Four that attract 1 point per hour can include:

- Surgical or clinical attachment with clear learning objectives and evaluation (max 20 points per annum)
- General teaching activities to trainees, undergraduates, health professionals – including grand rounds and clinical teaching rounds (max 20 points per annum)
• Teaching on College courses/workshops (max 30 points per annum)
• Supervision of surgical trainees (max 15 points per annum)
• Development of educational materials (max 15 points per annum)
• Acting as an examiner for the College, AMC, Universities or other recognised educational institutions (max 15 points per annum)
• Participation in an ASERNIP-S review, a clinical trial or organised clinical research (max 10 points per annum)
• Volunteer services e.g. Pacific Islands Project, Interplast (max 20 points per annum)
• General activities including journal reading and researching clinical information including digital resources (max 20 points per annum)

If a surgeon attends a meeting or workshop that has not been approved and wishes to obtain credit for that meeting, a copy of the program, reason for attendance and evaluation of learning should be forwarded to the Department of Professional Standards for review.

Other activities that attract points in Category Four can include:
• Presentation to surgical/medical peers at a scientific meeting (10 points per presentation for first presentation of a topic only, max 20 points per annum)
• Publication of a surgical/medical book (30 points per item)
• Publication in a refereed journal, a chapter in a surgical/medical book, or a patient information booklet (15 points per item, max 30 points per annum)
• Acting as a referee for a journal article (5 points per article, max 20 points per annum)
• Structured and approved (by the Professional Development and Standards Board) small group learning (3 points per hour)
• Approved (by the Professional Development and Standards Board) interactive surgical and clinical workshops aimed at acquisition of new skills (3 points per hour)

To review the criteria and approval process for interactive and small group learning activities, please visit the College website: [www.surgeons.org](http://www.surgeons.org).
Fellows who meet the annual requirements of the program are eligible to receive a Statement of Compliance. The statement may be supplied to medical registration authorities, hospitals or other organisations as evidence of participation in a recognised professional development program.

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

It is now a requirement for ongoing registration with the Australian Health Practitioner Regulation Agency and the Medical Council of New Zealand that appropriate CPD is undertaken. It is also a requirement under the College’s Code of Conduct. Non-compliance with CPD will be regarded as a breach of the College’s Code of Conduct. This will trigger a response as outlined in the Code of Conduct Handling Potential Breaches Policy. All surgeons should note that the ultimate sanction under this policy is loss of Fellowship. The College will also notify the appropriate registration authority should this step be taken, which could have ramifications in relation to a Fellow’s ability to practice.

Data Collection

Fellows must submit a CPD return to the College annually. Fellows should submit their data via the College’s Online Diary where possible. From 2014 the College will require all Fellows to submit their CPD online.

The CPD Online Diary will allow you to:
- Access your CPD requirements
- Monitor your CPD progress and compliance
- Upload your verification documents
- Access and print CPD statements online
- Apply for exemptions
- Review your verification status

You can access your diary and further information about the CPD program by visiting [www.surgeons.org](http://www.surgeons.org) and clicking on the ‘My CPD Program’ link. Fellows using the CPD Online Diary are not required to complete the hard copy form.

CPD Recertification Data Form (RDF): Fellows who have not used the CPD Online Diary will receive a hard copy RDF. Upon return of the annual RDF, Fellows who have met the annual requirements will receive an annual Statement of Compliance.

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Verification

To uphold the standards of good practice and the reputation of the College and its Fellows, the College has to be accountable and transparent with respect to the CPD Program. The College and its Fellows are increasingly scrutinised by a number of agencies including medical registration authorities, departments of health, employing bodies, consumer groups and other entities.

The Professional Development and Standards Board have determined that 7% of Fellows will be audited annually. This percentage may be reviewed.

Fellows selected to verify their annual CPD data will be notified in writing in November each year and asked to provide supporting documentation to match the information supplied through their Online Diary or RDF.

Fellows are encouraged to retain documentation relating to their CPD activities to assist with record keeping. Fellows can also upload and maintain an electronic record of the material required for verification at the time of entering CPD data online, reducing the need to keep paper records.

Unless selected for verification, Fellows are not required to submit supporting material with their annual return.
# Verification Evidence

Information on what is required for submission is summarised below or at [www.surgeons.org](http://www.surgeons.org)

<table>
<thead>
<tr>
<th>Category</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Audit</td>
<td>For peer reviewed Surgical Audit:</td>
</tr>
<tr>
<td></td>
<td>• Audit topic and scope</td>
</tr>
<tr>
<td></td>
<td>• Date of commencement and completion</td>
</tr>
<tr>
<td></td>
<td>• A letter from your head of department confirming your participation</td>
</tr>
<tr>
<td></td>
<td>• Peer review: date of review, names of peers/committee</td>
</tr>
<tr>
<td></td>
<td>For ANZASM:</td>
</tr>
<tr>
<td></td>
<td>• Certificate of Participation from relevant ANZASM</td>
</tr>
<tr>
<td>Clinical Governance - Quality Improvement,</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Patient Care and Professional</td>
<td>• A letter from your head of department confirming your attendance</td>
</tr>
<tr>
<td>Advocacy</td>
<td>• Photocopy of first page of minutes confirming your participation</td>
</tr>
<tr>
<td>Performance Review</td>
<td>• Confirmation letter from reviewer(s) of multisource feedback</td>
</tr>
<tr>
<td></td>
<td>• A letter from your hospital/head of department confirming your</td>
</tr>
<tr>
<td></td>
<td>• Details of practice visit</td>
</tr>
<tr>
<td></td>
<td>• Copy of learning plan</td>
</tr>
<tr>
<td></td>
<td>• Summary of patient feedback report</td>
</tr>
<tr>
<td>Maintenance of Knowledge and Skills</td>
<td>• Copy of a Certificate of Attendance</td>
</tr>
<tr>
<td></td>
<td>• Details of journal reading (i.e. journal titles, dates)</td>
</tr>
<tr>
<td></td>
<td>• Copies of letters of appointment to teaching posts</td>
</tr>
<tr>
<td></td>
<td>• Copies of presentations (including date/time)</td>
</tr>
<tr>
<td></td>
<td>• Copy of published journal article</td>
</tr>
<tr>
<td></td>
<td>• Details of participation in volunteer services</td>
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</tbody>
</table>
Exemptions

All Fellows in active practice of any kind are required to participate in the CPD program.

Fellows who are fully retired from all forms of medicine, surgery, medico legal work and other specialist non-procedural and non-clinical work such as surgical administration and academia are not required to participate in the CPD Program. New Fellows who are admitted to the College after 30 June are exempt from participating in the CPD program for that year.

Exemption from participation in all or part of the program may be granted in certain circumstances and will be considered on application in writing to the Department of Professional Standards.

Grounds for exemption may include:
• Undertaking additional full time study in a relevant area
• New Fellows of the College who are participating in further sub-specialty Fellowship training posts
• Ill health, family leave or other personal reasons
• Other special circumstances

From 2013, Fellows residing overseas are not automatically granted an exemption from participating in the CPD Program.

Fellows must apply for an exemption in writing, stating one of the above grounds. Fellows wishing to discuss an exemption should contact the Department of Professional Standards.
Participation in Other Programs

One of the pathways to recertify as a Fellow is to meet the requirements of an alternative approved CPD Program.

Participation in professional development programs offered by other specialist medical colleges and associations may be deemed equivalent to meeting the College's CPD Program requirements. To be deemed equivalent, programs must first be approved by the Professional Development and Standards Board.

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

The CPD programs that have been approved by the Professional Development and Standards Board and deemed equivalent are:

- Australian Orthopaedic Association
- New Zealand Orthopaedic Association
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian College of General Practitioners

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 Department of Professional Standards.
Professional Standards Contacts

Manager, Professional Standards
Phone: +61 3 9249 1274
Facsimile: +61 3 9276 7432
Email: cpd.college@surgeons.org

CPD Program Enquiries
Phone: +61 3 9249 1282
Facsimile: +61 3 9276 7432
Email: cpd.college@surgeons.org

CPD Verification Officer
Phone: +61 3 9276 7474
Facsimile: +61 3 9276 7432
Email: cpd.verification@surgeons.org

Approval of CME and Audit Activities
Phone: +61 3 9276 7425
Facsimile: +61 3 9276 7432
Email: cme.approval@surgeons.org

College website: www.surgeons.org
### Specialty Society and Association Contacts

**Australian and New Zealand Association of Paediatric Surgeons**  
C/- Royal Australasian College of Surgeons  
250-290 Spring Street  
East Melbourne VIC 3002, Australia  
Phone: +61 3 9276 7416  
Email: college.anzaps@surgeons.org

**Australian and New Zealand Society of Cardiac and Thoracic Surgeons**  
Suite 512, Eastpoint, 180 Ocean Street  
Edgecliff NSW 2027, Australia  
Phone: +61 2 9328 0605  
Email: info@anzsccts.org

**Australian Orthopaedic Association**  
Level 12, 45 Clarence Street  
Sydney NSW 2000, Australia  
Phone: +61 2 8071 8000  
Email: admin@aoa.org.au

**Australian Society of Otolaryngology Head and Neck Surgery**  
Suite 403, Level 4, 68 Alfred Street  
Milsons Point NSW 2061, Australia  
Phone: +61 2 9954 5856  
Email: exec@asoehns.org.au

**Australian Society of Plastic Surgeons**  
Suite 503, Level 5, 69 Christie Street  
St Leonards NSW 2065, Australia  
Phone: 1300 367 446  
Email: info@plasticsurgery.org.au

**General Surgeons Australia**  
250-290 Spring Street  
East Melbourne VIC 3002, Australia  
Phone: +61 3 9276 7452  
Email: gsa@surgeons.org

**New Zealand Association of General Surgeons**  
Level 2, Elliott House, 43 Kent Terrace  
Wellington 6011, New Zealand  
Phone: +64 4 384 3355  
Email: info@nzags.co.nz

**New Zealand Orthopaedic Association**  
PO Box 5545, Lambton Quay  
Wellington 6145, New Zealand  
Phone: +64 4 913 9891  
Email: info@nzoa.org.nz

**New Zealand Association of Plastic Surgeons**  
PO Box 7451  
Wellington 6242, New Zealand  
Phone: +64 4 803 3020  
Email: advice@plasticsurgery.org.nz

**New Zealand Society of Otolaryngology Head and Neck Surgery**  
c/o Royal Australasian College of Surgeons  
Elliott House, 43 Kent Terrace,  
PO Box 7451  
Wellington 6242, New Zealand  
Phone: +64 4 385 8247  
Email: secretary@orl.org.nz

**Neurosurgical Society of Australia**  
250-290 Spring Street  
East Melbourne VIC 3002, Australia  
Phone: +61 3 9249 1294  
Email: college.nsa@surgeons.org

**Urological Society of Australia and New Zealand**  
Suite 512 Eastpoint, 180 Ocean Street  
Edgecliff NSW 2027, Australia  
Phone: +61 2 9362 8644  
Email: communication@usanz.org.au
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