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MESSAGE FROM THE CHAIR

Dear colleague,

The 2010 – 2012 Continuing Professional Development (CPD) Program has been developed in consultation with Specialty Societies, Associations and Regional Committees to ensure that it meets the needs of Fellows and reflects current educational principles. Maintaining currency of practice and participation in life long learning continues to be our focus to ensure that Fellows maintain and enhance standards in surgery.

The CPD Program framework remains essentially unchanged. The program is recorded in a credit point system (rather than hours) to enable weighting for educational value and continues to have an emphasis on active learning, recognising the value of activities such as peer review of practice; surgical/clinical attachments; patient feedback surveys; interactive workshops/small group learning activities and learning and development plans.

The notable changes to the 2010–2012 CPD Program include:

- a requirement to participate in the Australian and New Zealand Audit of Surgical Mortality if a surgeon is in operative based practice, has a surgical death and an audit of surgical mortality is available in the surgeon’s hospital
- an increase in the number of Fellows randomly selected to verify their CPD returns, from 2.5% to 3.5%
- a focus on verifying one component of the CPD Program rather than a full “audit” of an annual return

Many of the College’s services and programs are now available online. Fellows are strongly encouraged to access a personalised CPD Online diary, through the College’s website to record their 2010 – 2012 CPD activities. This will enable Fellows to record CPD activities in a real time format and automatically receive the annual statement of participation at the conclusion of each year.

The College Council has approved that following consent, the names of Fellows who have met the CPD Program requirements will be listed on the College’s website (via Find a Surgeon).

The Professional Development and Standards Board meets three times a year to set policy and review the CPD Program. The Board is also responsible for implementation of standards relating to professional development and maintenance of competence. Specialty Societies and Associations are represented on the Board and their focus is to continue to meet the needs of Fellows by promoting sound educational principles and incorporating these into the CPD Program.

Guy Maddern
Chair, Professional Development and Standards Board

CPD PROGRAM 2010 – 2012

After careful review and consultation with Specialty Societies and Associations, Regional Committees and Fellows, the Professional Development and Standards Board has approved the following 2010 – 2012 CPD Program.

All active Fellows in any form of medicine, surgery or medico legal services are required to participate in the CPD Program. The three-year cycle commences in January 2010 and concludes in December 2012. The requirements differ according to individual Fellows’ type of surgical practice. Fellows must submit a return annually for the recording of their CPD totals, either through CPD Online or the hard copy annual recertification data form.

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 are eligible to apply for an exemption through the Department of Professional Standards.

AIMS

The aims of the CPD Program remain:

- to advance the individual surgeon’s surgical knowledge and skills 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 the award of a certificate of Continuing Professional Development. This certificate will attest that a Fellow is engaged in activities to maintain and enhance knowledge and skills.

CERTIFICATE OF CONTINUING PROFESSIONAL DEVELOPMENT

Fellows who meet the requirements of the program receive the Certificate of Continuing Professional Development at the conclusion of the triennium. The 2010 – 2012 Certificate of Continuing Professional Development is current until the end of 2015 and is evidence of recertification of Fellowship.

ANNUAL STATEMENT OF PARTICIPATION

Fellows who meet the annual requirements of the program are eligible to receive a Statement of Participation. The statement may be supplied to medical registration boards, hospitals or other organisations as evidence of your participation in a professional development program.
# CPD Program Requirements Outline

The following requirements must be met to receive the Certificate of Continuing Professional Development and recertify as a Fellow of the College for the 2010-2012 triennium. 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 over three years (2010 - 2012)</th>
</tr>
</thead>
</table>
| 1 Operative practice in hospitals or day surgery units | • Undertake a peer reviewed surgical audit (Category 1) – annual requirement  
• Participate in an Audit of Surgical Mortality where appropriate (Category 1)  
• Be credentialed at an approved hospital (Category 2) – annual requirement  
• Accrue 30 points from Category 3 (Clinical Governance and Evaluation of Care)  
• Accrue 210 points from Categories 4 – 7 (Maintenance of Knowledge and Skills) including attending at least one approved scientific meeting. |
| 2 Operative procedures in rooms only | • Undertake a peer reviewed surgical audit (Category 1) – annual requirement  
• Participate in an Audit of Surgical Mortality where appropriate (Category 1)  
• Accrue 210 points from Categories 4 – 7 (Maintenance of Knowledge and Skills) including attending at least one approved scientific meeting. |
| 3 Clinical consulting (non-operative) | • Accrue 210 points from Categories 4 – 7 (Maintenance of Knowledge and Skills) including attending at least one approved scientific meeting. |

| 4 Medico legal practice – personal injury (non-operative) | • Accrue 120 points from Categories 4 – 8 (Maintenance of Knowledge and Skills)  
• Attend the Medico Legal Program at a College Annual Scientific Congress  
• Attend an approved Medico Legal workshop OR undertake a peer review of at least three medico legal reports. |
| 5 Medico legal practice – medical negligence (non-operative) | • Accrue 210 points from Categories 4 – 8 (Maintenance of Knowledge and Skills)  
• Attend the Medico Legal Program at a College Annual Scientific Congress  
• Attend an approved Medico Legal workshop OR undertake a peer review of at least three medico legal reports. |
| 6 Other non-procedural and non-clinical work, e.g. research, academic, administration | • Accrue 120 points from Categories 4 – 7 (Maintenance of Knowledge and Skills). |
| 7 Locum work | • Accrue 210 points from Categories 4 – 7 (Maintenance of Knowledge and Skills) including attending at least one approved scientific meeting  
• Maintain a logbook of surgical procedures and present this to the Rural Locum Service Credentialing Committee. |
| 8 Surgical assisting | • Accrue 60 points from Categories 4 – 7 (Maintenance of Knowledge and Skills). |

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.
DATA COLLECTION

Fellows must submit a return to the College for each year of the CPD Program triennium, either through CPD Online or the hard copy annual recertification data form.

CPD ONLINE

Data collection for the CPD Program is available online via the College website (www.surgeons.org). Fellows are able to access a personal CPD Online Diary using current usernames and passwords to maintain CPD records in a real time format.

The CPD Online Diary will allow you to:
- access your CPD Program requirements for the 2010 - 2012 triennium
- maintain an accurate record of your CPD activities as they occur
- have immediate access to updated annual and triennial totals, allowing you to effectively plan your professional development activities to meet the CPD requirements.

Fellows using the CPD Online Diary are not required to complete the hard copy annual recertification data form. Further information and instructions on how to access and use your personal CPD Online Diary are available on page 42 (CPD Online Information).

Fellows will automatically receive their annual statement of participation upon satisfactory completion of the annual requirements using CPD Online.

RECERTIFICATION DATA FORM

In January each year, those Fellows who have not used CPD Online for the preceding year will receive a hard copy annual recertification data form. This data form enables Fellows to inform the College of their CPD activities and is to be returned to the Department of Professional Standards by 31st March.

Upon return of the annual recertification data form, Fellows who have met the annual requirements will receive an annual statement of participation.

CPD PORTFOLIO

The option of completing a CPD Portfolio is available for Fellows who remain active and engaged in activities that are not covered by any of the defined types of surgical practice, or Fellows who have difficulty meeting the program requirements.

The portfolio would replace the standard requirements and provides an opportunity for Fellows to ‘tailor-make’ a program to suit individual learning and development needs.

Fellows who are interested in completing the CPD Portfolio option should submit an application in advance to the Department of Professional Standards using the information detailed below.

An application should include:

1. Education and development goals
   When developing goals Fellows should consider their current practice. Goals which relate to future or ideal practice aspirations should not be included; rather, use your current practice as a guide to assist you to develop your goals.

2. Planned educational activities
   Educational activities should reflect your education and development goals. Examples of activities may include:
   - participation in practice improvement projects
   - attendance at scientific meetings
   - discussions with peers about adverse outcomes
   - attendance at other relevant meetings or conferences

3. Documentation
   A CPD Portfolio should include the education and development goals, a plan of activity, a self-evaluation of the outcomes and documentary support of the activities undertaken. The portfolio should be submitted by the end of January in the year following application.

The Department of Professional Standards is available to assist Fellows to develop a portfolio.
VERIFICATION

To uphold 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 and other entities.

The Professional Development and Standards Board has determined that annually, 3.5% of Fellows will be randomly selected to verify their CPD data. There will be a focus on verifying one component of the CPD Program rather than a full ‘audit’ of an annual return. Fellows selected for verification will receive details of the component to be verified.

Fellows are encouraged to retain documentation relating to their CPD activities, to assist with record keeping. Information on what is required for submission is summarised below and listed under each category of the CPD Program.

Fellows selected to verify their annual CPD data will be notified in writing in January of each year and asked to provide supporting documentation to match the information supplied through CPD Online or the annual recertification data form. Unless selected for verification, Fellows are not required to submit supporting material with their annual return.

VERIFICATION REQUIREMENT FOR CATEGORY ONE

SURGICAL AUDIT AND PEER REVIEW

Documentation including the following information should be retained and submitted if required to verify:

- audit topic and scope
- duration and date of completion of audit
- peer review - names of peers or committee and date of review.

Note: All patient identifiers should be removed when supplying documented evidence.

AUSTRALIAN AND NEW ZEALAND AUDIT OF SURGICAL MORTALITY

The following documentation should be retained and submitted if required to verify:

- log of participation including number of cases and dates completed.

VERIFICATION REQUIREMENT FOR CATEGORY TWO: HOSPITAL CREDENTIALING

The following documentation should be retained and submitted if required to verify:

- letter of appointment/ reappointment.

VERIFICATION REQUIREMENT FOR CATEGORY THREE: CLINICAL GOVERNANCE AND EVALUATION OF PATIENT CARE

The following documentation should be retained and submitted if required to verify:

A photocopy of your diary entry or an equivalent notice of meetings that you attended is sufficient evidence for verification. Please include:

- date, time, location and duration
- name of the organisation
- name/ purpose of meeting.

VERIFICATION REQUIREMENTS FOR CATEGORY FOUR: MAINTENANCE OF CLINICAL KNOWLEDGE AND SKILLS

The following documentation should be retained and submitted if required to verify:

- copy of the certificate of attendance/ registration/ receipt of registration
- details of participation in surveys, practice visits etc.
- details of other self-learning activity e.g. journal club - photocopy of diary entry etc.
**Verification Requirements for Category Five: Teaching and Examination**

Documentation including the following information should be retained and submitted if required to verify:
- brief description of teaching topics
- details such as location, duration and participants involved

The following documentation should be retained and submitted if required to verify:
- details of examinations attended, brief description of topics and participants
- copies of letters of appointment/ invitation or letters of appreciation etc.
- presentations - copy of the presentation or program, notes, date, time and location of presentation.
- copies of rosters/ schedules

**Verification Requirements for Category Six: Research and Publication**

The following documentation should be retained and submitted if required to verify:
- publications - provide details of the published work, e.g. photocopy of article, reference, web reference etc.
- research - details of project and organisation conducting the research
- review/ quality assurance – details of activities.

**Verification Requirements for Category Seven: Other Professional Development**

The following documentation should be retained and submitted if required to verify:
- name of course, location, aims, provider and dates
- attendance certificate or receipt for registration or enrolment in approved external course
- details of participation in volunteer services.

**Verification Requirements for Category Eight: Medico Legal Activities**

The following documentation should be retained and submitted if required to verify:
- name of course, location, aims, provider and dates
- attendance certificate or receipt for registration or enrolment in an approved external course.
- copy of reports submitted for peer review and comments/ feedback resulting from the review.

**Compliance**

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 experiencing difficulty.

Increasingly, medical boards and hospitals are requiring evidence of participation in a continuing professional development program for re-registration, re-appointment and re-credentialling purposes.

Fellows who do not meet the annual requirements, who do not participate in the CPD Program, or who do not successfully verify (if selected to do so) in any one year will have their name forwarded to the Specialty Society or Association for review and/or guidance. If a Fellow’s CPD status remains unchanged following this review, they will be notified of their non-compliance or non-participation in writing by the College President.

Fellows who remain non-participant or non-compliant in any one year of the triennium will not be eligible for the Certificate of Continuing Professional Development for 2010 - 2012.

Following consent, the names of Fellows who have complied with the 2010 - 2012 CPD Program requirements will be listed on the College’s website, within the “Find a Surgeon” section. Fellows of the College who have consented to their names being made available will feature on this public listing. This ensures the ongoing development of a robust and transparent recertification program. This will also enable the community to be assured that their surgeon has met the College’s minimum standards for recertification.

The non-compliant status of Fellows will be communicated in response to any enquiry regarding CPD Program participation.
EXEMPTIONS

Fellows who are fully retired from all forms of medicine, surgery, medico legal services and other non-procedural and non-clinical work are not required to participate in the CPD Program.

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 Professional Development and Standards Board. Grounds for exemption include:

- undertaking additional full time study in a relevant area
- new Fellows of the College who are participating in further sub-speciality fellowship training posts
- residing overseas
- ill health, family leave or other personal reasons
- other special circumstances.

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.

For further information, please contact:
Manager, Professional Standards
Telephone: +61 3 9249 1274
Email: cpd.college@surgeons.org

PARTICIPATION IN OTHER PROFESSIONAL DEVELOPMENT PROGRAMS

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

Participation in a number of professional development programs offered by other specialist Medical Colleges and Associations is deemed equivalent to meeting the RACS CPD Program requirements. To be deemed equivalent to the RACS CPD Program, other professional development programs must be first approved by the Professional Development and Standards Board.

Fellows who choose to participate in a CPD Program approved by the College are not required to participate in the RACS CPD Program. On receipt of evidence of satisfactorily completing another approved CPD Program, these Fellows receive a Certificate of Continuing Professional Development at the end of the RACS CPD Program triennium. As a result, these Fellows do not receive the College’s annual statements of participation.

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

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

The New Zealand Orthopaedic Association administers the College’s CPD Program with an additional audit requirement.

Fellows who wish to participate in other professional development programs are advised to contact the Department of Professional Standards to discuss available options.

CONFIDENTIALITY

Fellows’ CPD records are confidential and stored in a secure location at the Royal Australasian College of Surgeons headquarters in Melbourne. CPD records are available only to the Chair of the Professional Development and Standards Board, members of the Executive of Council, Council itself and to staff approved by the Chief Executive Officer.
CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM

CATEGORY ONE: SURGICAL AUDIT AND PEER REVIEW

SURGICAL AUDIT, PEER REVIEW AND QUALITY ASSURANCE

All surgeons who conduct operative procedures in hospitals, day surgery units or private rooms 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 RACS guidelines
  ➢ Total/practice workload audit
  ➢ Selected audit from surgical practice.

A group audit
  ➢ Clinical unit audit
  ➢ Specialty group audit.

An audit approved by the Professional Development and Standards Board.

The audit must be submitted for peer review.

The College is committed to excellence in clinical care and all surgeons are expected to be involved 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. Surgical Audit and Peer Review\(^1\) is available from the Department of Professional Standards or can be downloaded from the Professional Standards area of the College website, under the CPD Resources and Tools page at www.surgeons.org.

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GUIDELINES FOR THE CONDUCT OF SURGICAL AUDIT AND PEER REVIEW

There is a professional obligation by all surgeons to:

- know and record the outcomes of their treatment
- compare the outcomes with performance data from colleagues, other institutions and clinical literature, and
- review and examine any defects, which become apparent from audit data, and adopt and implement strategies to prevent re-occurrence.

DEFINITION OF AUDIT AND PEER REVIEW

- Surgical audit is regular documented critical analysis of the outcomes of surgical care, which is reviewed by peers and is then used to further inform surgical practice.
- Clinical audit aims to evaluate how closely local practice meets known standards: it is not research.
- Audit seeks to answer the question: ‘Are we doing what we think we are doing?’
- Peer review is a review by colleagues of audit data for correlation and formulation of action programs for education, practice modification, system change and development of best practice models and protocols.

DEFINITIONS OF AUDIT TERMS

**Total Practice or Workload Audit:** This is an audit that covers all the surgical operations performed.

**Selected Audit from Surgical Practice:** This is an audit that covers all patients who undergo a selected procedure, or an audit that covers all procedures conducted within a selected time-frame.

**A Clinical Unit Audit:** This is an audit conducted by a clinical unit in which individual surgeons may participate.

**Group or Specialty Audit:** This is an audit conducted by or under the auspices of a group or Specialty Society.

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\(^1\) RACS 2008, Surgical Audit and Peer Review, RACS, Melbourne Australia.
APPROVED AUDIT ACTIVITIES

The following specific audit activities have been approved by the Professional Development and Standards Board and are available for Fellows to participate in, where relevant and appropriate.

Australian and New Zealand Society for Vascular Surgery Bi National Audit
Managed by the Australian and New Zealand Society for Vascular Surgery
Contact: Mr Bernie Bourke, FRACS
Administrator: Mr Barry Beiles, FRACS
Telephone: 0413 597 363
Email: dr.bourke@gvs.com.au

Breast Implant Registry
Managed by the Australian Society of Plastic Surgeons
President: Dr Peter Callan, FRACS
Contact: Greg Elivson
Telephone: +61 2 9437 9200
Fax: +61 2 9437 9210
Email: info@plasticsurgery.org.au
Web: www.plasticsurgery.org.au

Incontinence Sling Audit
Managed by the Urological Society of Australia and New Zealand
Contact: Wendy Frazer, CPD Manager
Telephone: +61 2 9362 8644
Email: cpd@usanz.org.au

National Breast Cancer Audit
Managed by RACS Division of Research and Audit, incorporating ASERNIP-S
Clinical Director: Mr James Keilani, FRACS
Surgical Director: Prof Guy Maddern, PhD FRACS
Contacts: Ms Claire Marsh, Dr Primal de Silva
Telephone: +61 8 8363 7513
Email: college.breast.audit@surgeons.org
Web: http://www.surgeons.org/asernip-s/breast.htm

National Joint Registry
Managed by National Joint Registry
Established by the NZ Orthopaedic Association
Contacts: Prof A G Rothwell (Supervisor), Toni Hobbs (Co-ordinator)
Telephone: +64 3 3641 581 or +64 0800 274 989
Fax: +64 3 364 0909
Email: Tonih@cdhh.govt.nz or alastair.rothwell@otago.ac.nz
Web: http://www.cdhh.govt.nz/NJR/

NZ Vascular Audit (NZVASC)
Managed by the Audit Committee of the Vascular Society of New Zealand
Contact: Mr Ian Thomson, FRACS
Telephone: +64 3 373 7099
Fax: +64 4 474 7622
Email: ian.thomson@stonebow.otago.ac.nz
Web: http://www.otago.ac.nz/Surgery/9audit.html

Parathyroid Database
Managed by the Endocrine Section and Australian Endocrine Surgeons
Contact: Prof J W Serpell, FRACS
Telephone: +61 3 9781 1228
Fax: +61 3 9769 6057
Email: jsarpell@bigpond.net.au
Web: www.surgeons.org
The software that supports this audit is under review. Please see the College webpage to confirm details.

South Australian Rural Surgical Audit
Contact: Mr Adrian Anthony, FRACS
Telephone: +61 8 8222 6750
Fax: +61 8 8222 6028
Email: adrian.anthony@adelaide.edu.au

St John of God Hospital Subiaco's General Surgery Audit of Surgical Outcomes
Managed by: St John of God Hospital Subiaco
Safety and Quality Department
Contact: Dr Michael Levitt, FRACS
Telephone: + 61 8 9382 6028

Cardiac Surgery Database Audit
Australasian Society of Cardiac and Thoracic Surgeons
Chairman: Mr Gil Sharkey, FRACS
Telephone: +61 3 9508 1227
Email: gilsharkey@cabrini.com.au
Web: http://www.acts.org
Note: This list is updated regularly. To review the latest audits approved in the CPD Program, visit the Approved Audit listing under Fellowship and Standards/ Professional Standards at www.surgeons.org

Applications for approval of additional specific audits can be made to the Surgical Audit Committee of the Professional Development and Standards Board. Application forms are available on request to the Department or can be downloaded from the Approved Audit listing at www.surgeons.org Fellowship and Standards/ Professional Standards.

The Department of Professional Standards welcomes reports from individual surgeons about approved audit activities in which they have participated. For further information on approved audits, please contact:
Department of Professional Standards
Telephone: +61 3 9276 7425

**Verification Requirement for Category One**

The following documentation should be retained and submitted if required to verify:

- audit topic and scope
- duration and date of completion of audit
- peer review - names of peers or committee and date of review.

Note: All patient identifiers should be removed when supplying documented evidence to the College.

**Australian and New Zealand Audit of Surgical Mortality**

The College Council has committed to a bi-national surgical mortality audit program, modelled on the successful Western Australian Audit of Surgical Mortality. The College wholly supports and encourages the audit program to be fully owned by the surgeons with the understanding for the need to have partnerships with governments and other bodies.

Participation in ANZASM is a requirement of the College’s CPD Program under Category One: Surgical Audit and Peer Review.

The audit is a methodical process involving voluntary surgeon participation in a confidential, peer reviewed audit with community input. It is offered with strong support at a state/ territory/ regional level, from participating state departments of health with plans to mount similar regional audits in all regions of Australia and New Zealand underway.

The audit process is initiated through the completion of a surgical case proforma by the admitting surgeon to provide a detailed clinical history of the case after the regional audit office has received a notification of the death. This proforma is peer reviewed by an independent surgeon of the same specialty in a standardised process known as a first line assessment. Cases requiring closer investigation or more information for assessment may be sent for a second line assessment to complement the first line assessment findings.

The audit involves voluntary surgeon participation in a confidential and peer reviewed audit with community participation. The audit is offered at a state/ territory/ regional level, with planning for all regions of Australia and New Zealand to offer a program. The following audits have been established as part of the Australian and New Zealand Audit of Surgical Mortality.

**Collaborating Hospitals Audit of Surgical Mortality (New South Wales)**
Clinical Director: Assoc Prof Michael Fearnside
Contact: Ms Paula Cheng, Project Manager
Telephone: +61 2 9382 7367
Email: chasm@cec.health.nsw.gov.au

**Queensland Audit of Surgical Mortality (QASM)**
Clinical Director: Dr Jon Cohen
Contact: Ms Therese Rey-Conde, Project Manager
Telephone: +61 8 8239 1144
Fax: +61 8 8329 1244
Email: qasm@surgeons.org
South Australian Audit of Perioperative Mortality (SAAPM)
Clinical Director: Mr Paul Dolan
Contact: Mr Graeme Smith, Project Manager
Telephone: +61 8 8239 1144
Fax: +61 8 8329 1244
Email: SAAPM@surgeons.org

Tasmanian Audit of Surgical Mortality (TASM)
Royal Australasian College of Surgeons, Research and Audit Division
Clinical Director: Mr Rob Bohmer, MBChB FRACS
Contact: Ms Lisa Lynch, Project Manager
Telephone: +61 3 6223 8848
Fax: +61 3 6223 5019
Email: tasm@surgeons.org

Victorian Audit of Surgical Mortality (VASM)
Royal Australasian College of Surgeons, Research and Audit Division
Chair: Mr Colin Russell
Contact: Ms Claudia Retegan, Project Manager
Telephone: +61 3 9249 1132
Email: vasm@surgeons.org

Western Australian Audit of Surgical Mortality (WAASM)
Royal Australasian College of Surgeons, Research and Audit Division
Clinical Director: Mr James Altiken
Contact: Project Manager
Telephone: +61 8 6488 8691
Fax: +61 8 6488 8560
Email: waasm@surgeons.org

It is expected that the program will be rolled out in other regions in Australia and New Zealand during the 2010-2012 triennium.

For more information on the Australian and New Zealand Audit of Surgical Mortality, please contact the Audits Project Manager on +61 8 8363 7513 or email: mortality.audits@surgeons.org.

**Verification Requirement for Category One**

The following documentation should be retained and submitted if required to verify:
- log of participation including number of cases and dates completed

Note: All patient identifiers should be removed when supplying documented evidence to the College.

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**Category Two**

**Hospital Credentialing**

All surgeons who conduct operative procedures in Australian hospitals or day surgery units must be credentialled to an Australian Council for Healthcare Standards (ACHS) accredited hospital. In New Zealand, hospitals or day surgery units must be certified under the Health and Disability (Services) Act (2001). Fellows who are credentialled solely by a non-accredited hospital should contact the Department of Professional Standards.

The College, as the principal professional organisation for surgeons, is committed to excellence in clinical care and surgical training. At the level of the individual health facility, excellence in clinical care and the maintenance of standards are supervised by Credentials Committees and Appointment Committees. Audit and Peer Review Committees provide information and recommendations to Credentials and Appointment Committees.

The position paper *Appointments and Credentialing Committees that Define Scope of Practice* sets out the requirements for:
- establishing the conduct of Credentials Committees
- appointment of surgeons to hospitals and day surgery centres, and
- mechanisms for dealing with complaints.

The booklet is intended for use by hospital managers, clinical unit managers, surgeons and administrators with responsibility for organising hospital surgical services and day surgery centres.

**Verification Requirement for Category Two**

The following documentation should be retained and submitted if required to verify:
- hospital credentialing - letter of appointment/reappointment.

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2 RACS 2009. *Appointments and Credentialing Committees that Define Scope of Practice*, RACS Melbourne Australia.
CATEGORY THREE
CLINICAL GOVERNANCE AND EVALUATION OF PATIENT CARE

All surgeons 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 attract 1 point per hour (1p/h) and can include:

- Clinical meetings that focus on clinical care of patients and continuous improvement in care
- Meetings that examine adverse events and institute action to remedy systemic faults, e.g. morbidity and mortality meetings
- Activities related to organisation or review of surgical services, e.g. Head of Department, Clinical Unit meetings
- Other meetings, e.g. Credentials, Complaints, Ethics, Infection Control, Therapeutics, Competence Review Committees (New Zealand)
- Meetings with hospital managers/administrators that contribute to improved clinical management of patients (may be particularly relevant to surgeons in rural areas)
- Participation in the Australian and New Zealand Audit of Surgical Mortality (ANZASM) first or second line assessment (either as a respondent or assessor)
- Participation in the Trauma Verification program as a reviewer
- Other clinical governance and evaluation of care activities.

Fellows who believe they will experience difficulty meeting the minimum requirements for Category Three: Clinical Governance and Evaluation of Patient Care are encouraged to:

- collaborate with hospital administration and colleagues to ensure regular clinical governance opportunities are available
- encourage regular contribution to clinical governance activities by surgeons, other specialists and where appropriate other health practitioners.

Verification Requirement for Category Three

The following documentation should be retained and submitted if required to verify:

- date, time, location and duration
- name of the organisation
- name/purpose of meeting.

Clinical governance activities recorded through CPD Online will be considered as diary entries.
CATEGORIES FOUR – EIGHT
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.

Maintenance of knowledge and skills can also be achieved through teaching, research, publication activities and other non-clinical professional development.

CATEGORY FOUR
MAINTENANCE OF CLINICAL KNOWLEDGE AND SKILLS

During the triennium all surgeons should attend at least one approved (by Professional Development and Standards Board or Specialty Society) scientific meeting:

Attendance at a scientific meeting attracts 1 point per hour (1 pph) and can include:

- RACS scientific meetings (e.g. Annual Scientific Congress, Annual Scientific Meetings)
- Specialist Surgical Society clinical meetings
- International scientific meetings
- Other approved meetings (e.g. Provincial Surgeons of Australia Conference)
- Overseas meetings accredited for CPD by a recognised national body in the country concerned

To claim CPD credits for scientific meetings, the event must be formally approved for CPD purposes. A list of approved scientific meetings can be found at the Approved CME Activities page under Fellowship and Standards/Professional Standards at www.surgeons.org

Overseas meetings that are accredited for CPD by a recognised national body in the country concerned will also be accepted.

If a surgeon attends a meeting 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 (or relevant Specialty Society) for approval.

Other activities in Category Four can include:

- Patient feedback surveys (40 points)
- Surgical or clinical attachment to a peer (20 points)
- Peer review of operative practice (20 points for both visitor and ‘visitor’)
- Preparation of a structured learning and development plan (10 points)
- Approved (by Professional Development and Standards Board) interactive surgical and clinical workshops aimed at acquisition of new skills (5 pph)
- Structured and approved (by Professional Development and Standards Board) small group learning – e.g. journal clubs, problem based groups (5 pph)
- Participation in an approved (by Professional Development and Standards Board) self-assessment programs – e.g. SESAP, Risk Management assessment (1pph)
- Participation in RACS Vascular surgery self assessment online learning modules (1 pph)
- Participation in RACS surgical courses – e.g. EMST, CCrISP, ASSET (1 pph)
- Other approved (by Professional Development and Standards Board) courses and meetings relating to clinical practice (1 pph)
- Participation in RACS/ACHS Clinical Indicators (1pph)
- General activities including journal reading and researching clinical information through audio/video tapes and the Internet (1 pph, max 20 points per annum)

Further details on approved activities are available on the College webpage at the Approved CME Activities page under Fellowship and Standards/Professional Standards at www.surgeons.org.

Fellows are encouraged to contact the Department of Professional Standards to confirm the credit for activities they attend that are not listed in the Information Manual or the Approved CME Activities listing on the College website.

The College has developed resources on patient satisfaction surveys and is currently developing resources on practice visits, reviews and other activities listed above. For further information, please visit the College website.

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ACHS/RACS CLINICAL INDICATORS

RACS Clinical Indicators have been developed in conjunction with the Australian Council on Healthcare Standards (ACHS) and Specialty Societies. Clinical Indicator data is collected by organisations participating in the ACHS EQuIP Program.

Surgeons who wish to participate in the collection of RACS Clinical Indicator data should contact the quality co-ordinator or similar officer at their respective hospitals.

If you are unable to obtain information about RACS Clinical Indicators from your hospital please contact the Department of Professional Standards.

Participation in a Clinical Indicators Program which does not incorporate a peer review component should be recorded in Category 4: Maintenance of Clinical Knowledge and Skills. If data analysis from the Clinical Indicators Program is submitted for peer review, Fellows can count their participation in Category 1: Surgical Audit and Peer Review.

VERIFICATION REQUIREMENTS FOR CATEGORY FOUR

The following documentation should be retained and submitted if required to verify:

- copy of the certificate of attendance/ registration/ receipt of registration
- details of participation in surveys, practice visits etc.
- details of other self-learning activity e.g. journal club - photocopy of diary entry etc.

CATEGORY FIVE
TEACHING AND EXAMINATION

Teaching and examining activities can include:

- Teaching on RACS courses/workshops (1 pph + 4 points preparation)
- Supervision of surgical trainees (1 pph, max 40 points per annum)
- Development of educational materials (1 pph, max 40 points per annum)
- General teaching activities to trainees, undergraduates, health professionals – including Grand Rounds and Clinical Teaching Rounds (1 pph, max 40 points per annum)
- Acting as an examiner for RACS, AMC, University or other recognised educational institutions (1 pph)
- Presentation to surgical/medical peers at a scientific meeting (10 points per presentation for first presentation of a topic only)
- Presentation to other health professionals or community groups (1 point per presentation, max 20 points per annum).

VERIFICATION REQUIREMENTS FOR CATEGORY FIVE

The following documentation should be retained and submitted if required to verify:

- brief description of teaching topics
- details such as location, duration and participants involved
- details of examinations attended, brief description of topics and participants
- copies of letters of appointment/ invitation or letters of appreciation etc
- presentations - copy of the presentation or program, notes, date, time and location of presentation.
**Category Six**

**Research and Publication**

Research and publication activities can include:

- Publication of a surgical/medical book (50 points)
- Publication in a refereed journal, a chapter in a surgical/medical book, or a patient information booklet (15 points/item)
- Participation in an ASERNIP-S review (10 points/review)
- Acting as a referee for a journal article (5 points/article)
- Participation in a clinical trial (max 5 points/trial per annum)
- Participation in quality activities such as AIMS, ACHS, QHNZ or Trauma Verification Project surveying hospital inspection (1 pph, max 20 points per annum)
- Participation in organised clinical research (1 pph, max 30 points per annum)

**Verification Requirements for Category Six**

The following documentation should be retained and submitted if required to verify:

- publications - provide details of the published work, e.g. photocopy of article, reference etc.
- research - details of project and organisation conducting the research
- review/quality assurance – details of activities.

**Category Seven**

**Other Professional Development**

This category includes activities that assist surgeons to develop knowledge and skills related to their professional practice. Examples include courses/workshops in risk management, staff management, communications, technology, practice management, report writing, 'train-the-trainer' courses, interviewing skills etc.

Other professional development activities can include:

- Participation in RACS professional development workshops/courses, e.g. Surgeons as Managers, Surgeons as Educators, Surgical Teachers, Interviewing training, Risk Management (Foundation and Masterclass), Expert Witness, Writing Reports for Court, Critical Literature Evaluation and Research (CLEAR) workshop, Statistics for Surgeons, Preparation for Practice, Dealing with Difficult Patients Masterclass, Communication Skills for Cancer Clinicians, Work-Life Balance, Winding down from Surgical Practice, Mentoring in the Workplace, Self Care (these activities attract various credit point allocations, please contact Department of Professional Standards for confirmation)
- Participation in other courses at tertiary institutions or by other recognised providers (1 pph, max 40 points per annum)
- Volunteer services - e.g. Pacific Islands Project, Interplast or other RACS outreach services (1 pph, max 40 points per annum)
- Participation in approved courses/activities related to non-technical surgical competencies.

**Verification Requirements for Category Seven**

The following documentation should be retained and submitted if required to verify:

- name of course, location, aims, provider and dates
- attendance certificate or receipt for registration or enrolment in approved external course
- details of participation in volunteer services.
CATEGORY EIGHT
MEDICO LEGAL ACTIVITIES

Fellows who undertake medico legal work only (medical negligence or personal injury) are required to complete at least ONE of the following options in order to meet the requirements for the 2010 – 2012 triennium.

- attend at least one approved medico legal workshop, OR
- undertake a peer review of at least three medico legal reports

In addition, Fellows who undertake medico legal work (only) are required to attend the Medico Legal Program of the RACS Annual Scientific Congress at least once within the triennium.

OPTION ONE: MEDICO LEGAL WORKSHOP

The Professional Development and Standards Board defines a workshop as involving interactive participation, conducted in a small group setting, being of a practical nature and including features such as review of case studies, role plays and/or individual feedback.

Providers of medico legal workshops that meet the above requirements are encouraged to apply for recognition of their programs for CPD points through the Department of Professional Standards.

Approved activities attract 1 point per hour (pph) and are listed on the College website under Fellows/CPD Recertification/Approved CME Activities.

CPD credit points for attendance at approved medico legal workshops should also be counted in Category 7: Other Professional Development.

OPTION TWO: MEDICO LEGAL REPORT PEER REVIEW

Fellows electing this option are required to submit three de-identified medico legal reports for peer review within the triennium.

Fellows conducting the peer review are required to be participating in the CPD Program in medico legal practice (personal injury or medical negligence) as non-operative surgeons.

The reports are required to be submitted with the de-identified letter of instruction from the solicitor or insurance company and will be assessed against the following criteria:

- acknowledgement of the ‘letter of instruction’ and date
- a list of ‘documents relied upon’
- clear and logical presentation of the examination findings
- clear acknowledgement of imaging results – whether there are reports and whether or not the report writer agrees with the formal reports
- reiteration of any questions asked by the report requestor - with appropriate answers
- clear and logical answers to questions
- acknowledgement of relevant ‘Codes of Ethics’ of appropriate jurisdictions
- general format of report including paragraphing and sentence construction
- appropriateness of ‘typeset’
- absence of typographical errors
- appropriate curriculum vitae.

The peer review process can take place at any time within the 2010 – 2012 triennium and Fellows are encouraged to keep appropriate documentation as evidence of completion of this requirement.

If you require assistance with identifying a Fellow who participates in the Medico Legal CPD Program please contact the Department of Professional Standards on +61 3 9249 1282.

VERIFICATION REQUIREMENTS FOR CATEGORY EIGHT

The following documentation should be retained and submitted if required to verify:

- name of course, location, aims, provider and dates
- attendance certificate or receipt for registration or enrolment in an approved external course.
- copy of reports submitted for peer review and comments/feedback resulting from the review.
**Category Nine**
**Locum Logbook Review**

Fellows engaged solely in locum work are required to complete a logbook of surgical procedures.

The logbook must be submitted annually to the Locum Evaluation and Peer Review Committee (LEPRC). The LEPRC meets several times a year. Fellows who have submitted a logbook for review will be advised of the outcome of the review.

The logbook must:

- contain the Minimum Data Set as outlined in the College Surgical Audit and Peer Review Guide
- be de-identified
- include outcomes for each procedure

A logbook template is available from the Department of Professional Standards.

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**Approval of Educational Activities (Categories 4 and 7)**

For the purposes of the CPD Program, credit may be granted for continuing medical education (CME) activities that maintain, develop or increase the knowledge, skills, and professional performance of surgeons. Such activities include medical and clinical sciences as well as management, teaching and communication skills. The primary purpose of Fellows participating in any continuing medical education activity is to improve quality of patient care.

Fellows are encouraged to contact the Department of Professional Standards to confirm credit for activities they attend that are not featured in the Information Manual or the Approved CME Activities listing on the College website (under Fellowship and Standards/Professional Standards). Fellows planning to attend educational activities are encouraged to confirm with the organising group/s that the activity is approved in the CPD Program.

Applications are welcome for approval of activities from organisations/individuals conducting educational workshops, courses, scientific meetings or any events deemed to meet the following standards.

An educational activity is deemed eligible for CME approval if the organisers can demonstrate that it:

- addresses the educational needs of surgeons
- is free from commercial bias
- has surgeons participating in the planning process
- has clearly stated learning objectives which indicate the intent of the educational activity in specific, observable and measurable terms
- offers a learning environment that supports participant’s active involvement and education/skills development
- has content which demonstrates high clinical and ethical standards
- has an evaluation process to determine how well the learning objectives have been met
- provides a certificate of attendance

The Department of Professional Standards welcomes reports from individual surgeons about approved continuing education activities that they have attended.

Please note that approved activities generally attract one CPD credit point per hour. All applications must include specific learning objectives, a program detailing start and finish times of each session and an example of the proposed evaluation tool.
In order for an activity to be considered for approval at five points per hour, demonstration of more rigorous standards is required. For example: at least 75% of the activity must be hands on skills development conducted in a small group setting and a needs assessment/survey of actual participants must be completed prior to the activity. Applications for approval at five points per hour can be made by completing the relevant sections of the CME Approval Application Form.

The CME Approval Application Form, a guide to the process and sample evaluation forms are available from the Department of Professional Standards, or can be downloaded from the CPD Resources and Tools page at www.surgeons.org (under Fellowship and Standards/Professional Standards).

APPROVAL OF SMALL GROUP LEARNING ACTIVITIES (CATEGORIES 4 AND 7)

In addition to CME activities, Small Group Learning activities are eligible for approval at five CPD credit points per hour.

Structured Small Group Learning will typically involve a group of 4-8 surgeons who utilise peer support, interaction and reflection to advance their educational needs. Groups may form for a variety of reasons, for example, special interest topics, local practice-based convenience, or to review difficult cases. The cycle for a structured Small Group Learning program would typically be annual.

The following steps must be undertaken in order to set up a small learning group:

- identify a group
- identify a group facilitator
- identify learning needs
- hold a planning meeting
- complete an application form
- undertake the program of activities
- hold a review meeting
- complete a final report

The Professional Development and Standards Board has developed a Guide to Small Group Learning, which assists with planning small group activities, explains the criteria for recognition within the CPD program, and gives information about the application process.

The Small Group Learning application form and guide are available from the Department of Professional Standards, or can be downloaded from the CPD Resources and Tools page at www.surgeons.org (Under Fellowship and Standards/Professional Standards).

SPECIALTY SOCIETY OR GROUP INFORMATION

The following Specialty Societies/Groups have provided specific details for this Information Manual. If there are other specialty specific queries, Fellows may wish to contact the relevant Specialty Society/Group.

NEW ZEALAND ORTHOPAEDIC ASSOCIATION

The New Zealand Orthopaedic Association (NZOA) administers the College’s CPD Program via a web based program. All NZOA members are required to participate in the NZOA administered CPD Program. The NZOA also requires that members participate in a National Joint Registry. The NZOA issues the CPD Program annual statement to members and the College will issue the 2010 – 2012 Certificate of Continuing Professional Development. Information and entries to the program are made via the NZOA website www.nzoa.org.nz.

In addition, non-FRACS surgeons who are NZOA members are required to complete the MOPS Program within the NZOA, for a fee.

CPD enquiries and assistance:
Mr Kim Miles, Chief Executive Officer
NZOA
Ph: +64 4 385 8247
Email: kim@nzoa.org.nz

Mr Rod Maxwell, Chairman CPD and Standards Sub Committee NZOA
Email: maxwell.davis@xtra.co.nz
AUSTRALIAN ORTHOPAEDIC ASSOCIATION

Members of the Australian Orthopaedic Association (AOA) may choose to participate in the AOA CPD Program. Fellows who participate in the AOA CPD Program are not required to also participate in the College Program. The AOA has a web based program. Further information about the AOA CPD Program is available at www.aoa.org.au. If you are currently participating in the RACS CPD Program, please notify the Department of Professional Standards if you wish to commence participation in the AOA CPD Program. On receipt of evidence of satisfactory completion of the AOA CPD Program, Fellows will receive the College’s Certificate of Continuing Professional Development.

CPD enquiries and assistance:
AOA CPD Committee
Email: admin@aoa.org.au

Mr Scott Fletcher, Australian Orthopaedic Association Representative to the Professional Development and Standards Board
Email: cpd.college@surgeons.org

DIVISIONAL GROUP OF RURAL SURGERY

If Fellows who practise in rural and regional areas are experiencing difficulty in meeting the requirements of the CPD Program, the Divisional Group of Rural Surgery (DGRS) is available to support Fellows by:

- providing audit tools and assisting with peer review activities
- encouraging a multidisciplinary approach to clinical governance in hospitals
- assisting with locum arrangements through the RACS Rural Locum Service
- providing a DGRS e-mail address, dgrs@sharpdsl.com, for the dissemination of information among DGRS members: the forum is used to exchange ideas on clinical cases, hints and experiences
- lobbying employers regarding study leave.

For information on any of the above rural services and activities please contact the Secretariat, DGRS on +61 3 9276 7446 or email at rural@surgeons.org.

The Support Scheme for Rural Specialists (SSRS) funds medical college projects designed to assist rural specialists to access relevant CPD activities. It is a joint program of the Committee of Presidents of Medical Colleges and the Commonwealth Department of Health and Ageing. The College is currently undertaking a number of projects which feature various aspects of continuing professional development including development of communication skills, surgical audit and other aspects of clinical management.

For information on the above SSRS or Department of Health and Ageing projects, please contact the Project Officer via email at: ssrsprojects@surgeons.org
DEPARTMENT OF PROFESSIONAL STANDARDS
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

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

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

CPD Program Verification
oples: +61 3 9276 7474
Fax: +61 3 9276 7432
Email: cpd.college@surgeons.org

Approval of CME Activities
oples: +61 3 9276 7425
Fax: +61 3 9276 7432
Email: cme.approval@surgeons.org or surgicalaudit.college@surgeons.org

College website: www.surgeons.org

PROFESSIONAL DEVELOPMENT AND STANDARDS BOARD MEMBERSHIP

Professor Guy Maddern (Chair)
Professor Ian Gough (President)
Mr Ian Civil (Censor in Chief)
Professor Michael Grigg (Chair Professional Standards)
Associate Professor Robert Atkinson (Chair Professional Development)
Mr Graeme Campbell (Chair Fellowship Services)
Professor Julian Smith (Chair Research, Audit and Academic Surgery)
Professor David Watters (Chair External Affairs)

Specialty Society Representatives
Dr Sam Baker (General Surgeons Australia)
Mr Patrick Bary (Urological Society of Australia and New Zealand)
Mr Malcolm Baxter (Australian Society of Otolaryngology Head and Neck Surgery)
Mr Bernie Bourke (Australian and New Zealand Society of Vascular Surgery)
Mr Jerry Day (Neurosurgical Society of Australasia)
Mr Mark Edwards (Australasian Society of Cardiac and Thoracic Surgeons)
Mr Scott Fletcher (Australian Orthopaedic Association)
Mr Malcolm Giles (New Zealand Society of Otolaryngology Head and Neck Surgery)
Mr James Savundra (Australian Society of Plastic Surgeons)
Mr Hugh Martin (Australian and New Zealand Association of Paediatric Surgeons)
Mr Rod Maxwell (New Zealand Orthopaedic Association)
Mr Robert Robertson (New Zealand Association of General Surgeons)
Mr Chris McEwan (New Zealand Association of Plastic Surgeons)

Co-opted Members
Mr Tony Green (Surgical Audit Committee)
Mr Michael Hollands (Chair ASC Planning and Review Committee)
Professor Peter Woodruff (RACS Representative to Australian Council on Healthcare Standards)
SPECIALTY SOCIETY OR ASSOCIATION CONTACTS

Australian and New Zealand Association of Paediatric Surgeons
President: Mr Hugh Martin FRACS
C/- Royal Australasian College of Surgeons
College of Surgeons’ Gardens
250 – 290 Spring Street
East Melbourne VIC 3002
AUSTRALIA
Phone: +613 9249 1416
Fax: +613 9249 1240
Email: college.aaps@surgeons.org

Australian and New Zealand Society of Vascular Surgery
President: Prof Michael Grigg FRACS
C/- Ms Abby Richardson
Royal Australasian College of Surgeons
College of Surgeons’ Gardens
250 – 290 Spring Street
East Melbourne VIC 3002
AUSTRALIA
Phone: +61 3 9276 7414
Fax: +61 3 9249 1240
Email: abby.richardson@surgeons.org

Australian Society of Otolaryngology – Head & Neck Surgery
President: Mr Stuart Miller FRACS
Suite 403, Level 4
68 Alfred Street
Millions point NSW 2061
AUSTRALIA
Phone: +612 9954 5856
Fax: +612 9957 6683
Email: president@asochns.org.au

General Surgeons Australia
C/- Ms Sarah Benson
Royal Australasian College of Surgeons
College of Surgeons’ Gardens
Spring Street
Melbourne VIC 3000
AUSTRALIA
Phone: +61 3 9249 1246
Fax: +61 3 9249 1257
Email: gra@surgeons.org

The Australasian Society of Cardiac and Thoracic Surgeons
President: Mr David Marshmann FRACS
Suite 512
Eastpoint
180 Ocean Street
Edgecliff NSW 2027
AUSTRALIA
Phone: +612 9328 0605
Fax: +612 9362 1433
Email: michaelnugara@usanz.org.au

Australian Orthopaedic Association
President: Dr Ian Dickinson FRACS
Ground Floor – William Bland Centre
229 Macquarie Street
SYDNEY, NSW 2000
AUSTRALIA
Phone: +61 2 9233 3018
Fax: +61 2 9221 8301
Email: admin@aoa.org.au

Australian Society of Plastic Surgeons
President: Dr Peter Callan FRACS
Suite 503 Level 5
69 Christie Street
St Leonards NSW 2065
AUSTRALIA
Phone: 1300 367446
Fax: +61 2 9437 9210
Email: info@plasticsurgery.org.au

New Zealand Orthopaedic Association
President: Mr John Calder FRACS
PO Box 7451
Wellington South 6242
NEW ZEALAND
Phone: +64 4 385 8247
Fax: +64 4 385 8873
Email: kim@nzoa.org.au

New Zealand Society of Otolaryngology – Head & Neck Surgery
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43 Kent Terrace
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Phone: +64 6 385 8247
Fax: +64 6 385 8873
Email: nzsohus@gmail.com

Urological Society of Australia and New Zealand
President: Mr David Malouf FRACS
Suite 512
Eastpoint Towers
180 Ocean Street
Edgecliff NSW 2027
AUSTRALIA
Phone: +61 2 9362 8644
Fax: +61 2 9362 1433
Email: communication@usanz.org.au

The above contact details are effective October 2009.
CPD Online Information

What is the CPD Online Diary?
The CPD Online Diary allows you to maintain a record of your Continuing Professional Development (CPD) Program activities in a real time format.

Why use the CPD Online Diary?
The personal CPD Online Diary replaces the hard copy recertification data form. It allows you to:

- access your CPD Program requirements for the 2010-2012 triennium
- maintain an accurate record of your CPD activities as they occur
- have immediate access to your annual and triennial totals, allowing you to more effectively plan your professional development activities to meet the CPD requirements

How do I access my CPD Online Diary?
You can access your personal CPD Online Diary by visiting the College website at www.surgeons.org

Click on CPD Online on the left hand side of the screen.

Figure 1: Access the CPD Online diary from the College homepage.

Click on the log in button.

Login

Enter your Username and Password.

Once you are logged into CPD Online you will see your personal CPD Online Diary.

What if I have forgotten my password?
If you are unsure of your username and/or password, email cpd.college@surgeons.org and your log in details will be emailed to you.
2. View Personal CPD Online Diary

After you have selected your practice type, the main summary screen for your personal CPD Online Diary will appear.

This screen confirms your type of surgical practice and your CPD Program requirements for the triennium. In addition, the screen provides you with a summary of your CPD totals (by category) for each year of the triennium.

From this screen you can select a category tab on the left hand side. Within each category you can add a CPD activity, view CPD records and access category definitions.
3. Add a CPD activity

To add a CPD activity, choose the most suitable category for the activity and click on the category title tab on the left hand side of the page. This brings you to the category summary page which will allow you to add and edit your activities.

To add an activity click on the ‘Add New Activity’ button below the activity listing (see Figure 5). Complete the required information and then click on ‘Save’. After clicking on ‘Save’, a summary of activities recorded for the category will appear.

Select the ‘Home’ tab on the left hand side to view your updated CPD totals on the main summary screen of your personal CPD Online Diary.

![Figure 4: Your CPD Online Diary](image)

4. View, Edit and Delete Diary

To view CPD activities recorded to date, click on the appropriate category tab on the left hand side of the main summary page (see Figure 4). This will take you to the summary of CPD records within the chosen category.

![Figure 5: Add, view and delete your CPD activities](image)

To edit a CPD activity, click on the hyperlink for the activity to be amended in the Category Summary table. This will display the original details entered for the activity. Make the appropriate changes and click on ‘Save’.

To copy a CPD activity, click on the copy button beside the activity to be copied in the Category Summary table. This will display the original details entered for the activity except for the date range. Make the appropriate changes and click on ‘Save’.

To delete an activity, click on the delete button beside the activity to be deleted in the Category Summary table. A message confirming the deletion will be displayed.

![Figure 4: Your CPD Online Diary](image)

Recurring meetings/activities
You are able to create a recurring meeting/activity under Category 3: Clinical Governance and Evaluation of Patient Care and Category 4: Maintenance of Clinical Knowledge and Skills. When adding an activity in either of these categories you can elect the frequency of the activity. An occurrence of this activity will be added for each frequency selected during the date range nominated. Enter only the hours for an individual occurrence of the meeting/activity.
For example:

For a monthly one hour M&M meeting, enter the date range 1st January – 30th June and enter hours as 1. Six occurrences of the M&M meeting will be created: 1st January, 1st February, 1st March, 1st April, 1st May and 1st June, with each meeting recorded at 1 hour/point.

**IMPORTANT CPD ONLINE DIARY DATES**

CPD activities can be added to the current CPD year up until the 31st March of the following year (i.e. 2010 CPD activities can be added until 31st March 2011). After this date the activities will be locked and will be read only. You may still copy read only activities but you can not add, edit or delete an activity of a locked CPD year.

**NEED MORE HELP?**

The CPD Information Manual, Approved CME activities, Frequently Asked Questions and Help are all available from the menu bar available at the top of the CPD Online Diary.

If you would like telephone or face-to-face training on how to use CPD Online please contact the Department of Professional Standards. We welcome your feedback on the CPD Online Diary. For further information, please contact the Department of 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: cpd.college@surgeons.org