



The Royal
Australian &
New Zealand
College of
Psychiatrists



RANZCP CPD Requirements for Australian Trainees on a prolonged Break in Training

2025 Program Guide

Disclaimer

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is accredited by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) to deliver specialist medical education and training, and professional development programs.

The Committee for Continuing Professional Development (CCPD) has ensured that the RANZCP Continuing Professional Development (CPD) Program for Trainees on a 'Break in Training' is compliant with the requirements of the AMC and MCNZ and that the information contained in this guide is correct at the time of publication. However, please be advised that, as regulatory requirements are periodically updated by the relevant authorities, the RANZCP recommends that CPD participants remain current with the relevant body's requirements.

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Contact

The CPD Team may be contacted during normal business hours (AET).

RANZCP CPD Office

309 La Trobe Street
Melbourne, Victoria, 3000
Australia

Toll Free Australia

1800 337 448

Facsimile: +61 3 9642 5652

Email: cpdhelp@ranzcp.org

Website: www.ranzcp.org



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Australian RANZCP Trainees and Continuing Professional Development (CPD)

This program guide is designed for Australian Trainees and SIMG candidates on the Partial Comparability Placement (PCP) who are on a prolonged break in training.

If you are actively training, on the RANZCP Fellowship program or the SIMG PCP, CPD is not necessary as it is covered by your training. Active training, for the purposes of CPD, is 3 months of training (FTE) within one calendar year plus the submission of an In Training Assessment Form (ITA). Please note that the ITA does not have to be passed.

Trainees and PCP candidates will be contacted directly by the CPD team. If you have any questions, please contact the team via cpdhelp@ranzcp.org.

A message from the Chairs of the Committee for CPD and the Committee for Training

Welcome to the Royal Australian and New Zealand College of Psychiatrists' (RANZCP) CPD Program for Australian Trainees on a Prolonged Break in Training.

The RANZCP is committed to providing members with an evidence-informed CPD program to support their learning and professional development in the practice of Psychiatry. Scientific knowledge, psychiatric classifications and conditions, patient and carer expectations, and inter-professional collaboration are all recent examples of these changes. A College CPD program supports the ongoing learning and competency of trainees on a Break in Training to achieve public and stakeholder expectations to receive safe psychiatric care.

We continue to support self-direction in CPD content selection; while also allowing for the fact that the regulators require certain learning activities be completed. The RANZCP CPD Program for Trainees on a Break in Training strongly aligns with adult learning principles. We support the development of flexible learning plans (i.e., Professional Development Plan) that support your daily learning needs and interests. Reflection and practice improvement are included as important components of the RANZCP CPD Break in Training program, and this aligns with local and international trends.

The program is designed to ensure that participants can meet the CPD requirements of their registration.

It is important for trainees on a prolonged Break to maintain their connection with psychiatry and medicine in general, but also important to note the training requirements which can be undertaken during a break, and those which cannot. Please see the [Interruption and Leave Policy](#) (section 4.7) for more information.

Please note that the College is required to report the CPD compliance of program participants to the Medical Board of Australia or the Medical Council of New Zealand by 30 June of the following year.

The Committee for Continuing Professional Development (CCPD) welcomes feedback and is committed to ongoing refinement and development of the program. The Committee is confident that trainees will find the requirements manageable.

Prof Richard Harvey

Chair, Committee for Continuing Professional Development

Dr Greg Spencer

Chair, Committee for Training

Please note:

Your CPD record may be used by the RANZCP Committee for Training (CFT) to confirm you have maintained clinical competency while on a break in training.

A message from the Community Representative

Congratulations to the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on the production of the 2025 Continuing Professional Development (CPD) Program Guide for Australian Trainees on a prolonged Break in Training.

As the Community Representative on the Committee for Continuing Professional Development (CCPD) my role is to emphasise community expectations of ongoing professional development for psychiatrists.

In 2022 the RANZCP Board approved [Position Statement 62 Working in Partnership: psychiatrist and the community](#). The position statement includes a framework and principles that guide how the RANZCP works in partnership with people with lived experience of mental illness and with family, whānau, and friends who are also affected.

Recommendations relevant to CCPD:

- Include people with lived experience more comprehensively in the training and ongoing professional development of psychiatrists
- Make greater use of the partnership with people with lived experience to continue transformation of the RANZCP into a more outward-facing, community-oriented organisation.

This committee delivers on these recommendations. Genuine input and community perspectives are sought, concerns about the importance of quality continuing professional development are shared and seen as critical for both psychiatrists, trainee psychiatrists, and members of the Australian and Aotearoa New Zealand community, who would expect nothing less from the educational quality of its CPD program.

A key feature included within the RANZCP Professional Development Plan (PDP) is the inclusion of a reflective element. This ensures that transfer of learning is captured and shows meaningful identification of practice improvement quantified.

I take this opportunity to thank the CCPD and the RANZCP for the chance to sit on the committee on behalf of people with a lived experience who rely on a contemporary compassionate psychiatry profession.

Hamza Vayani

Community Representative, Committee for Continuing Professional Development

Program Requirements

Statement of Purpose

The RANZCP CPD Program for Trainees on a Break in Training provides a pathway for trainees to review and further develop their professional practice while on a prolonged interruption to their training. This is to ensure a high standard of psychiatric practice, to achieve the best attainable quality of psychiatric care and patient outcomes.

The aims of the RANZCP CPD program for Trainees on a Break in Training are:

- to facilitate the participation of RANZCP trainees, as individuals or as groups, in ongoing professional development activities, ensuring that a proportion of this participation is conducted with peers
- to facilitate compliance for both the College and participants with the requirements of the AMC and medical boards and other authorities in the various Australian jurisdictions
- to encourage a culture within the College of review and reflection on professional practices.

Program Principles

The program embraces adult and lifelong learning principles and aims to:

- be practice-based, incorporating peer interaction and review to reflect the collegiate nature of learning in medicine
- be flexible and inclusive of a wide range of activities
- be supportive of participants
- be responsive to feedback and audit of the program and research in the evolving field of CPD.

The Annual Program Requirements

Based on the requirements of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), the 2025 program involves a minimum of 50 hours of CPD, with CAPE domains also noted. Effective from January 2023, all doctors in Australia are required to meet the CPD program requirements of an accredited 'CPD Home', and for trainees their Specialist medical college is the default CPD Home.

Reviewing performance is covered by RANZCP CPD Section 2, **measuring outcomes** includes activities that are represented in RANZCP CPD Section 3 (Practice Improvement / Measuring Outcomes), and **educational activities** are equivalent to RANZCP CPD Section 4 (Self-guided learning).

A minimum of one activity in each of the CAPE domains must be completed annually (see page 8 for more information).

FAQ: What is Active Training?

Active training, for the purposes of CPD, is 3 months of training (FTE) plus the submission of an In Training Assessment Form (ITA). Please note that the ITA does not have to be passed.

Links to further information:

[RANZCP CPD Policy for Continuing Professional Development](#)

[MBA Registration Standard](#)

The RANZCP CPD Program

Section 1 - Professional Development Plan (PDP)

The Professional Development Plan (PDP) is allocated a maximum of 2 hours. A second entry will be required annually to Section 1, to show that the PDP reflection has occurred.

Section 2 and Section 3 Activities

A minimum of 23 hours is required over both **reviewing performance** and **measuring outcomes** (equivalent to Section 2: Formal Performance Review and Section 3: Practice Improvement / Measuring Outcomes activities respectively) as a combined total.

This includes:

- A minimum of 10 hours in reviewing performance – Section 2: Formal Performance Review
- A minimum of 5 hours in measuring outcomes – Section 3: Practice Improvement / Measuring Outcomes.

This allows flexibility for the individual member to determine the spread of their hours across the combined requirements for Sections 2 and 3 through an additional 8 hours from either or both sections.

Section 4 Activities: Self-guided Learning

- A minimum of 12.5 hours in **educational activities**

Section 5 Activities: Additional Hours

An additional 12.5 hours are required to bring the total CPD hours to 50 per year. These can include activities from the combined Sections 2 and 3, or Section 4.

CAPE domains should be noted across all sections of CPD
See page 8 for more information

Section 1	Section 2	Section 3	Section 4	Section 5
PDP	Formal Performance Review Reviewing Performance	Practice Improvement Measuring Outcomes	Self-guided Learning Educational Activities	Additional Hours
2 hours (when reflection is added)	Minimum of 10 hours	Minimum of 5 hours	12.5 hours	12.5 hours
23 hours in total across both sections				

FAQ: What if I am enrolled in the CPD program for trainees on a prolonged break prior to becoming a Fellow?

The requirements of CPD for Fellows are different from those for trainees, with greater focus on Formal Peer Review. If you move from the Trainee CPD Program to the Fellow program during the year, the hours claimed will be taken into consideration.

Links to further information:

[RANZCP Policy and Procedure for CPD Claims](#)

[RANZCP Policy and Procedure for Audit of CPD Claims](#)

[Templates and ideas for CPD activities](#)

[MBA Registration Standards](#)

[RANZCP CPD for Australian trainees on a break](#)

CAPE Requirements

In line with MBA and MCNZ requirements, there is a domain labelling system that makes note of the focus of CPD activities that doctors are undertaking. There are no additional hours required, but the labelling system is there to ensure your annual CPD covers at least one activity in each domain.

The domains are:

C Culturally Safe Practice

The process of practising in a culturally safe manner involves acknowledging the inherent power imbalance in a relationship between a psychiatrist and a consumer in their care, particularly in high-risk and challenging contexts, including but not limited to Māori, Aboriginal, and Torres Strait Islander peoples.

Learning will acknowledge the cultural diversity of the patient population, and the need for doctors to conduct ongoing critical reflection and self-awareness of their knowledge, skills, attitudes, assumptions and practising behaviours in order to provide accessible, safe and responsive care.

A Addressing Health Inequities

Learning that acknowledges the differing distribution of resources and opportunities within society, and discusses the ways in which doctors can address this inequity.

P Professionalism

Learning that contributes to high quality care and involves undertaking exercises and activities that enhance the entire practice, aid self-reflection and self-awareness.

E Ethics

Learning that cultivates and maintains high principles and standards of practice and ethics in respect of psychiatry, to promote fair, honourable and proper practice and discourage and suppress malpractice or misconduct therein, to settle doubtful points of practice and questions of professional usage.

Links to further information:

[RANZCP Aboriginal and Torres Strait Islander Mental Health](#)

[RANZCP Website: Māori Mental Health](#)

[MCNZ - Cultural Safety](#)

[RANZCP Codes of Conduct and Ethics](#)

[Good medical practice: a code of conduct for doctors in Australia](#)

[Good medical practice MCNZ](#)

[SBS Australia - Cultural Competency Program](#)

The MyCPD System has:

- Tick boxes to allocate domains for activities
- Professionalism domain is pre-ticked.
- The content or topic of an individual CPD activity may additionally cover **C**, **A** and **E**.
- Dashboard graph to track your progress.
- A minimum of one 30 minute activity per domain is required.
- Tables of Activities in this guide have suggested domains, noting that others may also be applicable.

MyCPD Online System

[MyCPD](#) is the online system that records participants' portfolios of CPD activities. CPD participants are required to use the system to record and manage their CPD throughout any given year.

[MyCPD](#) can be easily accessed through the College website.

- Logging activities as they are completed, with any substantiating documentation included (e.g., certificates, verified / signed documentation, presentations delivered), maximises the benefits of the system to participants.
- The CPD year is a calendar year, starting 1 January and concluding 31 December each year, and all activities should be completed during this time period. To allow participants to finalise their CPD there is an extended reporting period that ends 1 March of the following year (unless otherwise advised).

FAQ: What is meant by reflective practice, and what should be recorded in MyCPD?

Regular reflective practice encourages deeper learning and metacognition, and the value of CPD is enhanced by reflecting on learning activities. The regulatory authorities set the requirements for CPD and they expect that reflection is evident throughout CPD programs, and that this will be included as a criteria in the annual audit of CPD records.

There are many models of reflection. **The DIEP model** is a relatively simple four-step process that you can use to guide the reflection that you enter into MyCPD when you log an activity:

- **Describe** the activity
- **Interpret** the events - explain your learning, new insights, connections with other learning
- **Evaluate** what you learned - how was this useful? what is my opinion? what is the value of the learning?
- **Plan** how this learning will be applied - comment on its relevance to your practice, and what you might do next

CPD automation via MyCPD

The College is progressively [automating the recording of attendance into MyCPD](#) for College activities such as specified events and committee meetings.

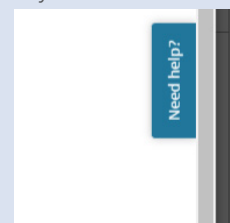
You will receive a prompt to log in, complete a reflection and submit your draft activity when this applies.

Remember to check your MyCPD record for draft activities.

[Step-by-step guidance](#) is available to help you if needed.

Help with MyCPD:

- Remember the online help centre on the far right of the MyCPD screen:



- Email the CPD Team at cpdhelp@ranzcp.org or call toll free Australia 1800 337 448.

CanMEDS and the CPD Program

CanMEDS is an educational framework developed by the Royal College of Physicians and Surgeons of Canada identifying and describing seven roles of the medical specialist that lead to optimal health and health care outcomes for patients: medical expert, communicator, collaborator, leader, health advocate, scholar and professional.*

The RANZCP has endorsed CanMEDS as the curriculum framework for the competency-based Fellowship Program (<https://www.ranzcp.org/Pre-Fellowship/About-the-training-program.aspx>).

Fellowship Competencies have been articulated as definitive statements iterating the RANZCP's understanding of psychiatry in Australia and Aotearoa New Zealand, as described through the CanMEDS roles.

Competency-based education and training carries over into adult lifelong learning. The core Fellowship competencies, as outlined in the competency-based Fellowship training program, broadly define the capabilities expected of all trainees and SIMGs on attaining Fellowship of the College. The concept of competency-based education is that these objectives, or competencies, should define the core skills needed for professional psychiatric practice.

*The CanMEDS 2015 Physician Competency Framework pg vi © 2005 The Royal College of Physicians and Surgeons of Canada.

CanMEDS Roles

The **Medical Expert** applies medical knowledge, clinical skills and professional attitudes in the provision of patient-centred care.

The **Communicator** effectively facilitates the doctor-patient relationship and the dynamic exchanges that occur before, during and after the medical encounter.

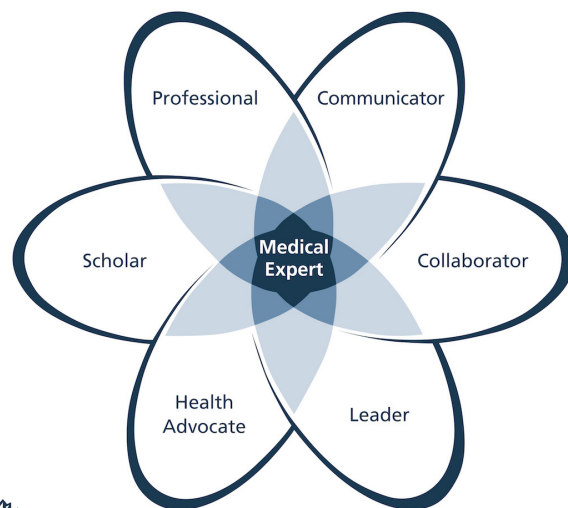
The **Collaborator** works effectively as a member of a health care team to achieve optimal patient care.

The **Leader** is an integral participant in health care organisations, establishing sustainable practices, making decisions about allocating resources and contributing to the effectiveness of the health care system.

The **Health Advocate** uses expertise and influence to advance the health and well-being of individual patients, communities and populations.

The **Scholar** demonstrates lifelong commitment to reflective learning and creates, disseminates, applies and translates medical knowledge.

The **Professional** is committed to the health and well-being of individuals and society through ethical practice, professional-led regulation and high personal standards of behaviour.



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DES MÉDECINS ET CHIRURGIENS DU CANADA

CANMEDS

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Links to further information:

[CanMEDS Framework](#)

[RANZCP Fellowship Competencies](#)

Section 1 - Professional Development Plan (PDP)

allocated 2 hours annually

Planning for CPD by developing a PDP allows for consideration of the many facets of the practice of psychiatry and how each element may be enhanced through CPD. Targeted CPD activities may be planned with the aim of enhancing strengths, addressing issues, and to take advantage of opportunities for improvement in all aspects of practice.

There is now the inclusion of a reflective element in your annual PDP which is in line with the new registration standard. Reflection on your PDP at a later date, via Section 1 in the MyCPD system, will automatically allocate the 2 hours to the claim in your MyCPD record.

Developing a PDP

Developing a PDP at the beginning of the CPD program serves as a guide or map to stimulate potential learning and professional development for the next year. It should take no longer than two (2) hours to complete. The aim of planning is to consider current practice to identify elements of practice that might be enhanced, or areas of particular interest, and to make a plan to achieve the identified outcomes.

- Developing and implementing a PDP may be seen as a cycle of four steps: THINK, PLAN, DO, REVIEW as shown in the model below and described on the following pages.
- It can be helpful, periodically throughout the calendar year, to review progress towards the planned achievements of the original PDP learning outcomes and to summarise progress on the PDP requirement. There is also a Planning and Review Form (PDP Template) available for use if preferred.
- **Revisit or even re-formulate the PDP as learning needs change during the year, expanding or contracting learning outcomes and planning new CPD experiences. The MyCPD system has been updated to assist members with this reflective process.**

Adding your PDP reflection

There is a reflective element in your annual PDP. Reflection must occur at a later date via Section 1 in the MyCPD system. You can either type your reflection into the text box provided, or upload it as a supporting document. Your Section 1 displays with an orange circle and will automatically change to a green tick once the PDP reflection is complete.

FAQ: Why should I have a PDP?

Having a plan at the beginning of the year will assist in identifying appropriate CPD activities, and for reviewing the effectiveness of the PDP at the end of the year in achieving CPD program learning objectives. It is also required by the regulatory authorities.

Links to further information:

See the guide to developing a PDP and some PDP templates on the College website:

[Templates and ideas for CPD activities](#)

Recording and Summarising the PDP – PDP Planning and Review

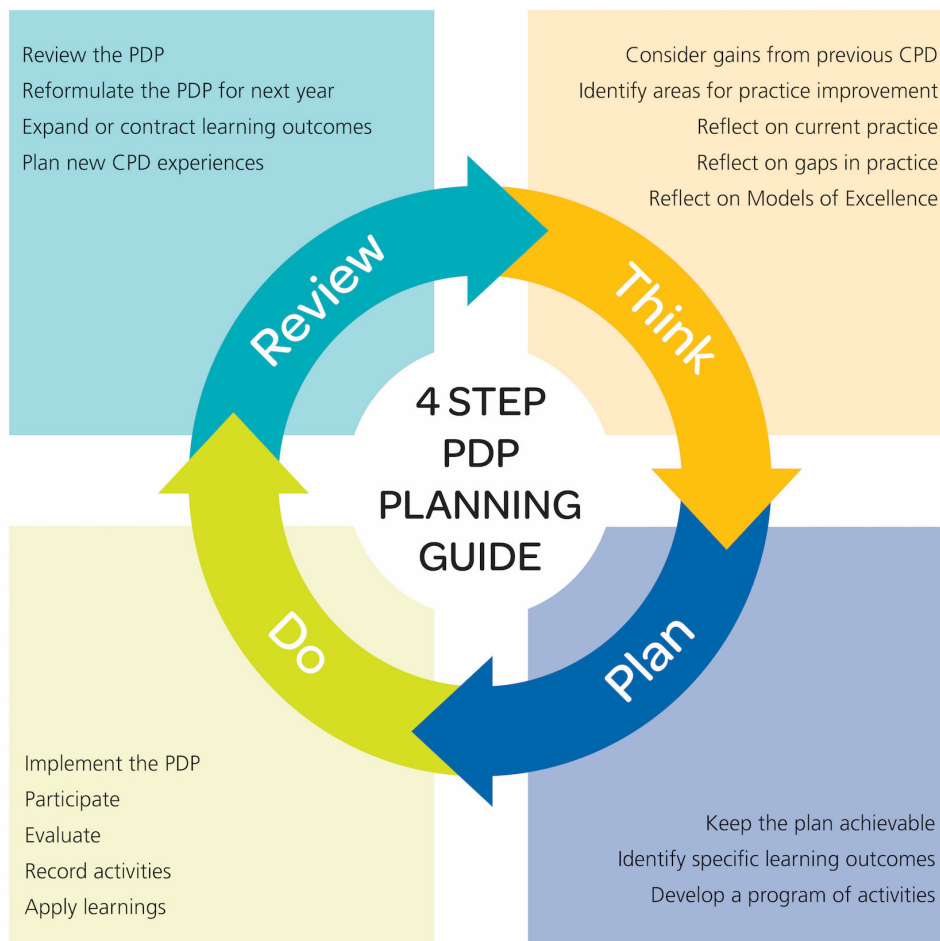
The PDP summarises the planned learning outcomes. This enables the planning, recording and reporting of activities completed across all CanMEDS Roles, and the application to practice improvement for easy reference.

The College does not mandate a specific PDP Form; however, templates which can be used are found on the College website: [Templates and ideas for CPD activities](#). If you develop a PDP with your employer, then that form (or relevant documentation) may be used as appropriate. At a minimum, your MyCPD record should contain two completed forms showing the initial PDP development and the end of year PDP review. The second version could be an updated review of the initial PDP. Reflection components will be included in audit reviews.

Scope of Practice

The registration standards now require doctors to refer to their scope of practice in their PDP. RANZCP PDP templates have been updated to allow for this inclusion, to help members develop a plan for CPD that is most relevant to them and their practice, and the learning they intend to undertake in reference to it.

For Trainees on a prolonged BiT who are working in areas other than psychiatry, your PDP should include activities related to the work you are doing.



Section 2 - Formal Performance Review (PR)

reviewing performance - minimum of 10 hours annually

Combined annual minimum of 23 hours across Sections 2 and 3

Section 2 requires a minimum of 10 hours annually, with a total of at least 23 hours combined across both Sections 2 and 3. This section assists members to comply with the regulatory requirement of including CPD activities that involve **reviewing performance**.

Formal performance review activities include activities with peers and supervisors involving critical review and evaluation of one's professional practice.

The requirements for performance review activities are based on the understanding that adult learning needs to be experience-based and self-directed, and that professional learning occurs in part through involvement in learning activities within the larger professional community.

2.1 Supervision

Personal supervision either individually or in a group, provides the opportunity to present work to a supervisor for scrutiny with the aim of improving clinical knowledge, skills, and competence.

Workplace based supervision is likely to be the primary activity that trainees on a break in training will report as CPD.

It is important to note that supervision during the CPD program will not count as accredited supervision for the purposes of meeting training requirements.

It is essential to complete and maintain records of supervision and have these signed off by the supervisor and uploaded to MyCPD. A Supervision Record form is available on the College website [CPD for Trainees on a Break in Training](#).

2.2 Balint Groups

Balint Groups are small groups of doctors who meet to review their work in a setting that is organised to be supportive for individuals involved, to present and learn from the presentation of work experiences and issues.

Balint Groups provide a setting for psychiatrists and other members to present work conducted in a professional capacity and to undertake continuing learning and professional development through exploring issues raised by such presentation.

A Balint Group does not provide clinical or operational oversight to the professional work being undertaken by a member of the group. Balint Groups do not have any responsibility for the quality or ethical conduct of individual members, except when mandated by legislation or the Codes of Ethics of the RANZCP.

Summary Table of Activities - Section 2

Activity	Description	Evidence Required	Claim in
Balint Groups P	Peer Review with a special focus on doctor / patient relationship issues.	Balint Groups are not registered with the College (like a PRG) so evidence should be provided, such as an email from the organiser that this activity has been undertaken, and the number of sessions.	2.2
Supervision P	Receiving individual or group supervision by a psychiatrist. Workplace based supervision.	Evidence provided by submission of the Supervision Record Form, confirmation that supervision has been undertaken and the number of sessions for the year.	2.1

Note: If you have an excess of activities for Sections 2 and 3, in excess of the required 23 combined hours, they can be claimed in Section 4 at your discretion.

Section 3 - Practice Improvement / Measuring Outcomes (PI)

measuring outcomes - minimum of 5 hours annually

Combined annual minimum of 23 hours across Sections 2 and 3

Section 3 requires a minimum of 5 hours annually, with a total of at least 23 hours combined across both Sections 2 and 3. This section assists members to comply with the regulatory requirement of including CPD activities that involve **measuring outcomes**.

Section 3 activities include those which typically have a component of:

- performance review
- active learning by being engaged in the instructional process by means of such activities as exploring, analysing, communicating, creating, reflecting, or using new information or experiences¹
- research and / or demonstrable transference of learning into practice improvement.

Section 3 activities adopt a systematic approach to practice improvement and may take longer than one calendar year to complete. They involve critical review of your own or your service's practice, deliberate implementation of change and a monitoring component. They involve use of the Plan-Do-Study-Act principle, as in the diagram below. There are many tools developed for use within Section 3, please refer to the [Templates and ideas for CPD](#) page of the website.

¹ Graffam, B. Active learning in medical education: Strategies for beginning implementation. Medical Teacher, 29 (1), 38-42.



3.1 Practice Development and Review

Activities in this category include practice review and may include interactive workshops.

Activities suitable for this category involve reviewing performance to improve outcomes, such as a formal or clinical audit. They are relevant to the individual member's learning, rather than of a broader service impact.

3.2 Continuous Quality Improvement

This category includes practice or service audit activities, accreditation activities and quality improvement activities which have furthered the participant's CPD goals. Learning experiences as a result of involvement in an external review of psychiatric services, for example, may be applicable particularly if there has been activity in collating information and preparing for the review.

Activities for this category involve reviewing processes and protocols, making changes to improve these processes, and monitoring changes to assess the improved outcomes. They are relevant to a broader service impact as well as the member's own practice.

3.3 Research

This activity relates to research and investigation to improve learning and development in psychiatry. A clearly stated criterion of investigation into a matter pertaining to psychiatry is required, followed by a decision or outcome of this research based on the criterion and evidence. There must be a demonstrated transference of research findings into practice.

The research does not necessarily need to be published and may extend over more than one CPD year. It is also suitable to claim research that is in the process of peer review / ethics approval prior to publication.

3.4 Multi-source Feedback

Multi-source feedback (MSF), or 360° feedback, is a tool to gain feedback on a person's performance in their role. It commonly covers domains such as professional behaviours, communication, and teamwork. Many employers utilise MSF as part of their professional development programs and this can be reported in this section.

There are guidelines and templates on the RANZCP website for undertaking MSF, and there are also companies which will, for a fee, provide a Multi-source feedback service.

An important part of MSF – perhaps the most important part – is being able to review and reflect on the findings with a supervisor.

Summary Table of Activities - Section 3

Activity	Description	Evidence Required	Claim in
Audit (formal / clinical) P	Audit activities that relate to clinical activities, e.g., relating to the RANZCP clinical practice guidelines.	Outline of audit including number of cases, standards used, learning outcome or reflection.	3.1
Audit (practice / service) A P	For example, histories, correspondence, recall systems.	Outline of audit including number of cases, standards used, learning outcome and reflection. De-identified sample of questionnaire	3.2
Critical Incident Review A P E	Review of an event, in order to assess and improve system safety.	First page of agenda with membership listed, or letter from organisation or convener confirming participation.	3.2
Ethics submission E	Ethics submission for a research proposal – does not have to be accepted.	Receipt of submission.	3.3
External review of psychiatric or mental health services A P E	For example, collating information and preparing for the review. This includes larger scale reviews, taskforces and commissions as well as reviews of individual services.	Proof of attendance or participation such as a letter or email, or first page of meeting minutes. Reflection and application to practice should be included.	3.2
Interactive workshop (attendance at) P	A workshop that is designed to use the skills and knowledge of a group of stakeholders to solve a problem or to generate ideas and options to address an issue. A 'problem or issue-based' workshop. A workshop that is designed to improve the skills of individual practitioners through instruction in a skill, practice with feedback of that new skill, and application of that new skill to the individual's clinical practice. A 'skills improvement' workshop.	Attendance certificate.	3.1
Literature review (Scholarly Project) P	Work specifically related to the RANZCP Scholarly Project.	Submission of Scholarly Project, log of activity or similar.	3.3
Mortality and Morbidity (M&M) Meetings P E	Service and organisational M&M meetings.	Agenda with membership listed, or deidentified minutes showing attendance. Reflection and application to practice should be included.	3.2

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
Multi-source feedback (also known as '360-degree') P	Patient, professional and stakeholder surveys.	Outline of activity, including a copy of the surveys and methodology. Survey responses are not required. Reflection and application to practice should be included.	3.4
Online Quality Improvement activities via Learnit P	Completing Quality Improvement modules on Learnit can be used to meet your section 3 requirements (once only).	Automatically added to 3.2 in MyCPD from Learnit. See <i>direct links to the modules on page 19</i> .	3.2
Planning meetings A P	Participation in service planning and decision making. Only claimable if the activity is relevant to the PDSA cycle. Any specific enquiries can be forwarded to the CCPD via the team at cpdhelp@ranzcp.org	First page of minutes showing attendance. Reflection and application to practice should be included.	3.2
Peer reviewer of journal articles P	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3
Projects, trials or interventions, including RANZCP quality improvement activities P	Participation in quality improvement (QI) projects or trials or interventions (not intended for formal research or publication).	Email or letter of conformation of participation in QI activity including QI project aims, approximate hours of involvement. Alternatively, a reflective ½ - 1 page on QI activity, improvement aims, barriers to improvement and other reflections.	3.2
Publication of manuscript P	Manuscript related to psychiatry.	Reference to journal of publication, or if not published, evidence of the feedback from the publishing journal.	3.3
Quality meetings at health services A P E	For example, Mortality and Morbidity or medical management meetings.	Agenda with membership listed, or deidentified minutes showing attendance.	3.2
RANZCP quality improvement activities P	For example, projects involving the redesign of training or assessment methods. These should be identified by the 'parent' committee as QI activities and require CCPD approval.	Agenda or minutes (de-identified).	3.2
Research P	Demonstrated transference of research findings into practice.	Reflection ½ - 1 page of new research and how it translates into member's practice.	3.3
Reviewing journal submissions P	Peer review of journal articles.	Proof of activity such as list from the publisher.	3.3

Summary Table of Activities - Section 3, continued

Activity	Description	Evidence Required	Claim in
Risk management projects A P E	For example, at a health service – identification, analysis, and planned changes to responses to risks.	Email or letter confirming participation in the activity including project aims, approximate hours of involvement. Alternatively, a reflective ½ - 1 page on QI activity, improvement aims, barriers to improvement and other reflections.	3.2
Root cause analysis A P E	For example, at a health service – identifying and solving problems to prevent re-occurrence.	Communication confirming appointment / service on the review panel OR approximate number of hours of participation from health service convener.	3.2
Scholarly Project P E	Work specifically related to the RANZCP Scholarly Project.	Submission of Scholarly Project, or log of activity or similar.	3.3

FAQ: Work on RANZCP Assessments - Section 3 or Section 4?

Work specifically related to the Scholarly Project can be claimed in Section 3.3: Research, as it makes use of the PDSA cycle. Write up of the Psychotherapy Written Case should be claimed in Section 4.8: Study for RANZCP Assessments. See the Tables of Activities for more information.

FAQ: When is a workshop defined as 'Interactive'?

The definition of interactive workshops for the purpose of practice development and review is quite specific. Please refer to guidance regarding interactive workshops on the [Templates and ideas page](#) of the College website. The documents include relevant definition explanations and an accompanying checklist.

See also:

[Templates and ideas page](#) of the College website - 'Frequently asked questions about Section 3 activities'
The [Faculty of Psychotherapy](#) page of the College website - 'Quality Improvement Audit Project'
[Cambridge University Press / RCPsych](#) - '101 Recipes for Audit in Psychiatry'

Direct links to Quality Improvement modules via LearnIt - log in required:

[Quality improvement module 1: QI essentials](#)

[Quality improvement module 2: Clinical audit in mental health practice](#)

[Quality improvement module 3: Organisation theory: conceptual frameworks in a changing context](#)

[Quality improvement module 4: Patient safety in mental health](#)

[Quality improvement module 6: An introduction to the run chart and using data for improvement](#)

[Outcome measures – Module 2: Outcome measures for service development and quality improvement](#)

[Continuing Professional Development webinar: Section 3](#)

Section 4 - Self-guided Learning (SGL)

educational activities - minimum of 12.5 hours annually

SGL activities include continuing medical **educational activities**. These include research or other learning activities that support practice, and involve new knowledge acquired in a variety of settings and contexts.

Section 4 requires a minimum of 12.5 hours annually.

Excess hours from Sections 2 and 3 can be claimed in Section 4 at your discretion, while noting that the MyCPD system will automatically send any overflow hours from Sections 2 and 3 combined, and 4 to Section 5: Additional Hours (which requires a total of 12.5 hours annually).

4.1 Accredited Group Learning

This category includes educational meetings organised by a medical college, special society, health or educational institution or other recognised body. They must have education, skills development or professional practice improvement as their primary purpose. The course must be ethically and professionally based and cover topics relevant to the practice of psychiatry.

4.2 Structured Formal Learning

Education courses provided by a recognised educational institution and relevant to the practice of psychiatry are recognised as a CPD activity within this category. Such formal courses usually provide a qualification or certificate after an assessment process. Participants are asked to upload evidence of enrolment and / or certificates of completion for CPD audit purposes. Attendance at conferences or one-off seminars or workshops is not a structured Formal learning activity and should be reported under category 4.1.

4.3 Teaching

Teaching undertaken must involve the generation of new knowledge or skills for the presenter to be acceptable for this category. Routine teaching may **not** be appropriate as a CPD activity.

Hours may be recorded for the supervision of junior doctors, and teaching medical students and junior doctors when the preparation or teaching time contributes to the practitioner's own knowledge and skills.

4.4 Informal Learning

These activities include time spent on professional reading, listening to and working through electronic and CD / DVD educational materials, web-based learning such as podcasts, database searches and other applicable education and training activities.

4.5 Team Based Learning

These are activities which encompass some elements of peer and workplace consultation in patient care. Training in cultural contexts of care or in consultative practice involving carers and consumers may fall into this category of learning.

4.6 Accredited Online Modules

The College provides access to high quality online learning modules suitable for its CPD program via the RANZCP Learning Management System, *Learnit*.

On successful completion of a module via *Learnit* an automatic update will be made to the participant's MyCPD record, with each module attracting an applicable hour allocation. Certification of modules may also be downloaded, printed and used for proof of completion if required by RANZCP CPD members. All CPD participants may access the modules via the College website.

Learning Pathways of grouped activities on certain topics of interest are gradually being released, with more being developed each year. They will be accessible via the *Learnit* platform.

CPD Online Hours

Should participants extend their learning and implement the ideas learnt via the online modules in their own practice, for example through additional reading or study, the extended hours may be self-recorded in additional categories such as category 4.4.

Please note that any non-accredited modules undertaken with providers other than the RANZCP through *Learnit* will require the participant to log their hours and upload substantiating documentation to show completion of the modules achieved. Non-accredited modules can also be self-recorded - under category 4.4 Self-guided Learning.

Please note:

- Only the first completion of an accredited module attracts CPD hours. Subsequent completions will not.
- Completions can take 24 hours to reflect on MyCPD



4.7 College Activities

College activities such as participation on RANZCP Committees and development of College resources can be recorded under this category. Mentoring can also be included in this category, for example the Specialist Training Program (STP) for Mentoring Rural Trainees and the [RANZCP Mentoring Program](#).

4.8 Study for RANZCP Assessments

Writing up the Psychotherapy Written Case (PWC), participating in practice examinations, and study for the Multiple Choice Question (MCQ) examination, Modified Examination Question (MEQ) or Critical Examination Question (CEQ) can be claimed under this section.

4.9 Wellness Education

A new section has been added to the CPD program to encourage doctors to consider the importance of their own wellbeing and its impact on their ability to practise effectively.

There is a **cap of 8 hours of CPD** that can be claimed under this new section.

Activities under this section should focus on educational activities that support doctors' health and wellbeing. Examples may include courses, webinars or readings on stress management, workplace culture, modelling appropriate behaviour, peer support and team functioning, wellbeing principles, physicians' health and the effects on patient care.

Participation in social, recreational, or leisure activities such as regular exercise or personal hobbies should not be included. Attending to and addressing personal healthcare needs should also not be included.

For substantiation purposes, evidence of enrolment / certificate of completion and a brief reflection on the learning achieved must be included with the activity.

Suggested activities could include:

- Stress management
- Education or upskilling or implementing workplace-based activities or initiatives e.g. influencing workplace cultures to prioritise wellbeing, modelling appropriate behaviour.
- Emotional intelligence
- Upskilling for suicide postvention practices and approaches within teams
- Normalising and stigma reduction of help-seeking amongst physicians and colleagues
- Mental Health First Aid
- Hosting workplace-based wellbeing education events or activities
- Confidence building e.g. understanding Imposter Syndrome
- Communication and feedback styles

See the tables on page 23 for examples of which activities meet the requirements, and which do not.

Wellbeing Education activities

Meets Category 4.9 Requirements
Stress Management
Education or upskilling or implementing workplace-based activities or initiatives: e.g. influencing workplace cultures to prioritise wellbeing, or modelling appropriate behaviour
Emotional Intelligence
Upskilling for suicide postvention practises and approaches within teams
Normalising help-seeking amongst physicians and colleagues
Mental Health First Aid
Hosting workplace-based wellbeing education events or activities
Confidence building: e.g. understanding Imposter Syndrome
Communication and feedback styles

Does Not Meet Category 4.9 Requirements
Wellness program of social activities hosted annually at Congress: e.g. sailing, art gallery tours, food / wine tastings
Personal hobbies, relaxation, or leisure activities: e.g. meditation
Sport or other physical activities
Nutrition regimes
Attending to personal healthcare needs

Link to the College Wellbeing support page:

[Wellbeing support for members](#)

Summary Table of Activities - Section 4

Activity	Description	Evidence Required	Claim in
Accredited Short Education Courses P	Provided by a recognised educational institution.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
Attachment to another service P	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
Audio visual learning media P	Podcasts, DVDs, CDs, TED talks and similar relating to psychiatry clinical practice or professional development.	Citation and notes, brief reflection on learning gained.	4.4
Branch CPD activities P	Presentations of clinical information and professional development relevant to psychiatric practice (in-vivo or on-line).	Certificate of attendance or completion, and reflection on the learning achieved.	4.1
Carer and Consumer consultation meetings A P	Participation in consultation meetings.	Proof of attendance, and a reflection on the learning achieved.	4.5
Case study reviews – informal group P	Case presentation meeting (departmental, inter-disciplinary etc.).	Proof of attendance, and a reflection on the learning achieved.	4.5
Case study reviews – inter or multi-disciplinary P	Grand rounds, journal clubs.	Proof of attendance, and a reflection on the learning achieved.	4.5
College resources P	Development of College resources.	Evidence of College resource developed or reflection outlining resource.	4.7
Conferences (attendance) P	Conferences, workshops, Congress attendances.	Certificate of attendance / completion. Brief reflection on learning gained.	4.1
Conference (presentation at) P	Development, presentation and review of conference sessions, including poster presentations.	Certificate or letter from course coordinator or organisation OR reflection of course contents and evaluation of teaching process e.g. improvements / changes for teaching next time.	4.3
Database searches P	Relevant to the practice of psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
Diploma/ Advanced Training Certificate or post graduate studies - includes institutional and distance learning P	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education / Master's programs.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
Distance Learning – structured formal learning P	Attendance at a short course via distance learning (non-Post Graduate courses).	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Evidence in Court P E	Preparation for giving evidence as a witness.	A record of the reading with citations, and a brief note regarding learning outcomes (MUST be de-identified).	4.4
Grand Rounds P	Attendance at organisational grand rounds.	Certificate of attendance and reflection of learning achieved for the session.	4.5
Hospital onsite training P	For example, fire safety, basic life support.	Certificate of attendance, and reflection of learning achieved.	4.5
Journal clubs P	Journal clubs related to the practice or psychiatry or related areas, e.g., administration, academia / research or education.	Certificate of annual attendance and a reflection on the session.	4.1
Journal reading P	College and other journals, relevant to the practice of psychiatry.	Brief citation and notes, reflection of learning gained.	4.4
Journal and text reading P	Journal, textbook or grey literature reading for the purposes of maintaining currency or learning new information.	Citation and notes, brief reflection on learning gained.	4.4
Learning Journals P	Daily or weekly journal, updated with new learning.	Citation, reflection on the learning gained.	4.4
Lecture / learning session or training session (attendance) P	Passive attendee, for a one-off seminar or lecture.	Certificate of attendance, and reflection of learning gained.	4.1
Lecture / learning session or training session (presenter) P	Development, presentation and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Master's degree P	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.2
Mentoring (Mentor / Mentee) P	Mentoring of psychiatry house officers, trainees or peers including STP Mentoring of rural or remote trainees.	Copy of register of meetings.	4.7
Mock Assessments or Exams P	Development and participation in mock CbDs etc. that contributes to your own knowledge and skills (Mock assessments to prepare trainees for the RANZCP CCE for example).	Certificate or letter of confirmation from the Director of Training. Confirmation of contribution to your own knowledge and skills.	4.4

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Online modules – RANZCP P	Through the College Learnit program – automatically listed on individual MyCPD pages.	Modules are automatically listed on MyCPD in the relevant section.	4.6
Online modules – non-RANZCP P	From non-accredited internet CPD programs.	Certificate of completion and brief reflection on learning gained.	4.4
Online modules – extended learning P	Extended learning or implementation of ideas, additional reading or study.	Citation and notes from further reading, reflection on learning gained.	4.4
PhD P	Related to the field of psychiatry or relevant to the practice of psychiatry, e.g., administration, academia / research or education.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.4
Podcasts (listening to) P	Podcasts, DVDs, CDs and TED talks or similar relating to psychiatry clinical practice or professional development.	Citation and notes, brief reflection on learning gained.	4.4
Podcasts (production) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Private reading P	College and other psychiatry or related journals, psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
Psychotherapy Written Case (PWC) P	Writing up the PWC. (Supervision of the PWC, if permitted, should be reported under Section 2.)	Log of activity, or evidence of submission of case.	4.8
Publication – not peer reviewed P	Articles, books, book chapters - not subject to peer review.	Proof of publication.	4.4
RANZCP Assessment P	Writing up Psychotherapy Written Case (PWC), practice exams, preparation for exams MCQ / MEQ / CEQ.	Proof of submission.	4.8
Research / background reading P	College journals psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
Sabbatical P	Period of research or study.	Reflection on the learning achieved.	4.4

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Secondment to another service P	For a project or review.	Reflection on the learning achieved, or if for a project, the report of the review.	4.4
Seminar (attendee) P	One-off lecture or seminar.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Seminar (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Short courses (attendee) P	Attendance at a short course.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Social Media for Learning Purposes (teaching) P	Social media groups, preparation and teaching that contributes to your own knowledge and skills.	Evidence of posts, such as a screen capture OR reflection of course contents and evaluation of teaching process, e.g., improvements / changes for teaching next time.	4.3
Study for RANZCP examinations including MCQ, MEQ, and CEQ P	Study for centrally administered summative assessments, including participation in examination preparation courses.	Log of time, evidence of enrolment in the assessment, evidence of participation in an examination preparation course.	4.3
Teaching Medical Students P	Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator and reflection of course contents and evaluation of teaching process, e.g., improvements / changes for teaching next time.	4.3
Teaching (other) P	For example, other psychiatrists, peer tutoring, general practitioners. Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator or organisation OR reflection of course contents and evaluation of teaching process, e.g., improvements / changes for teaching next time.	4.3
Text reading P	College and other psychiatry or related journals, psychiatry texts or other literature related to the practice of psychiatry (including humanities) – or other readings relevant to the practice of or training in psychiatry.	Citation and notes, brief reflection on learning gained.	4.4
Training in cultural contexts of care C A P	Seminars, workshops, lectures, e-learning training on culturally safe practices.	Certificate of attendance and a reflection of learning gained.	4.5

Summary Table of Activities - Section 4, continued

Activity	Description	Evidence Required	Claim in
Tutorial (attendee) P	Passive attendee, at one-off tutorial or a series of tutorials related to a topic.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Tutorial (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Tutoring P	Tutoring junior doctors. Preparation and teaching that contributes to your own knowledge and skills.	Certificate or letter from course coordinator or organisation and reflection of course contents and evaluation of teaching process, e.g., improvements / changes for teaching next time.	4.3
Webinar (attendee) P	Passive attendee, at one-off webinar or a series of webinars related to a topic.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Webinar (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Wellness Education P <i>(and C, A, or E, depending on the activity)</i>	Educational activities that support your health and wellbeing, such as emotional intelligence, upskilling for suicide postvention practices within teams. See pages 23 and 24 for more information.	Evidence of enrolment / certificate of completion and a brief reflection on the learning achieved.	4.9
Workshop (attendance at, non-interactive) P	Attendance at a non-interactive workshop.	Evidence of enrolment / Certificate of completion, and a reflection on the learning achieved.	4.1
Workshop (writer and presenter) P	Development, presentation, and review.	Certificate or letter from organisation, course coordinator or training director OR learner evaluation feedback (e.g., survey results).	4.3
Write up of the Psychotherapy Written Case (PWC) P E	Writing up of the PWC. (Psychotherapy Case Supervision, if permitted, should be reported under Section 2).	Logbook of time, and reflection, or evidence of submission of case.	4.8

Section 5 - Additional Hours (AH)

requires 12.5 hours annually

An additional 12.5 hours is required, above the total allocated hours for the combined Sections 2 and 3 (23 hours), or Section 4 (12.5 hours), to meet the minimum annual requirement of 50 hours.

When you complete more than the required hours in the combined Sections 2 and 3, or Section 4, the additional hours will automatically be allocated to Section 5 in MyCPD.

Please note that it is not possible for direct allocation of activities to Section 5 by members.

Some additional information to assist with the reporting of your CPD.

FAQ: How should Podcasts and YouTube Lectures be referenced?

RANZCP Podcasts accessed via the *Learnit* system are automatically updated to your MyCPD claim.

Non-RANZCP podcasts will need to be self-reported (4.3) and should be referenced by listing:

- Title and description
- Name of author
- Date the podcast was posted / uploaded
- Site name and URL

YouTube lectures will need to be self-reported (4.4) and should be referenced by listing:

- Title and description
- Name of author
- Name of the YouTube account of the video author
- Date the video was uploaded to YouTube
- Site name and URL

Annual CPD Process

The Annual Process

For each year, RANZCP CPD participants are required to record their CPD indicating the hours for each CPD activity undertaken, and provide the relevant evidence. These activities must be finalised on the RANZCP MyCPD system.

CPD participants will receive the quarterly newsletter 'Your CPD Home' which contains an update of current progress on the CPD claim, news of events and activities, as well as reminders of the key dates:

- end of the CPD year **31 December**
- end of the extended reporting period **1 March of the following year**
- mandatory reporting by the RANZCP to registration bodies of compliance by **30 June of the following year**

It is recommended that evidence of CPD claims be kept for a period of three years.

The College is required to report the CPD compliance of program participants to the Medical Board of Australia or the Medical Council of New Zealand by 30 June of the following year.

New Fellows

New Fellows are automatically enrolled in the RANZCP CPD Program when admitted to Fellowship, but may not have to meet the full annual requirements for that year.

Participation is pro-rata for the number of months remaining in the CPD year of admission to Fellowship. A tailored program is set up in the MyCPD system to reflect the requirements. More information is available in the table of pro-rata requirements in the [Exemptions Policy](#) (6.4).

Please contact the CPD Team if you have any questions about your pro-rata program, have a request for further exemption, or have difficulty meeting the requirements via cpdhelp@ranzcp.org.

The requirements of CPD for Fellows are different from those for a Trainee, with greater focus on Formal Peer Review. If you move from the Trainee program to the Fellow program during the year, the hours claimed will be taken into consideration.

Exemptions from the Program

Participants who are on leave from clinical practice may apply to the CPD office to have their CPD program suspended or deferred for part or all of the CPD year. Deferral from the program is normally granted for a maximum period of up to one year but may be extended on a case-by-case basis in special circumstances. For such cases, members should contact their registration authority to ensure their requirements also continue to be met. The requirements of the program may be suspended during the period of deferral.

A tailored program of pro-rata requirements will be available for those deferring for part of the year (minimum period is **6 months**), or when the deferral spans two CPD claim periods.

Applications should be made on the deferral form available on the [College website](#). For any enquiries regarding exemptions, please contact the CPD Team via cpdhelp@ranzcp.org.

Links to further information regarding temporary absence:

[MBA CPD Registration Standard](#)

[RANZCP Exemptions Policy](#)

[Guidance for leave and return to practice | RANZCP](#)

Certificates of Completion

A Certificate of Completion of the RANZCP CPD program for Trainees on a Break in Training for the relevant year is provided to participants who complete their CPD activities by the due date, have uploaded them to the MyCPD system by the end of the extended reporting period (31 March) and have met the minimum requirements of the program.

The participants who are randomly selected for audit, however, will not receive a Certificate of Completion until successful completion of the audit (this usually occurs by the end of June). Until that time the College can provide alternative verification of CPD program participation if / as required.

The Certificate of Completion (and / or transcript of activities) is suitable for use for registration purposes and other occasions where proof of active and adequate CPD participation is required.

CPD enrollees who have not completed the minimum number of CPD hours for the preceding year will not be issued with a Certificate of Completion for that year and shall be deemed to have not achieved compliance with the CPD program in that year. The implications of this should be checked by the CPD enrollee with their Medical Board or Registration Authority. Failure to participate in the RANZCP CPD Program may result in Fellows and Affiliate members' names being referred to the RANZCP Board, and reported to the relevant medical registration authority.

Late Submissions

The RANZCP CPD Team is available to advise and assist members in recording their CPD claim in the MyCPD system. Participants experiencing difficulty in completing their CPD claim within the time limits are recommended to contact the CPD Team for assistance, prior to the closing date (1 March). Extension may be arranged on a case-by-case basis in extenuating circumstances.

Participants who do not finalise their CPD activities by the closing date, and have not applied to the CPD Team for assistance or a further extension of the reporting period, who seek to subsequently submit their claim, may be subject to a late fee and audit. The Committee for Continuing Professional Development (CCPD) approves the application of a late claim fee to cover the administrative costs associated with this process.

Annual Audit Processes

Annual RANZCP Audit Process

Each year, a random sample of Trainee's CPD records is audited by the College. Participants who have been audited in the previous year may also be selected for repeat audit. This forms part of the quality assurance for CPD programs required by the MCNZ and the AMC.

If selected for audit, CPD participants are required to ensure that evidence to support their activities submitted for the year is recorded in MyCPD. To ensure that audits are undertaken with the minimum of impost on participants, the College recommends that substantiating documentation is uploaded when entering activities on MyCPD. In order to pass the audit, documentation provided must show that the participant has completed a program of CPD sufficient to meet the minimum annual requirements.

Failure to participate in audit requirements may result in Trainees being referred to the RANZCP Board and the relevant medical registration authority.

It should also be noted that mandatory reporting is now in place for both Australia and Aotearoa New Zealand. The College is required by law to report compliance with CPD requirements to the appropriate registration authority by 30 June each year.

FAQ: What can I do to make sure my CPD record meets the standard if I am selected in the audit?

There are some key things to remember when recording your CPD to make sure your record would pass the standard for audit:

- **Section 1 – PDP** Make sure you have documented your scope of practice in your PDP, that there is at least one learning goal, and that you have reflected on your PDP at the end of the year. The templates on the website may help you with this, if you prefer not to use the online PDP form.
- **Section 2 – Formal Performance Review** If you are using supervision to meet this requirement, make sure you upload some evidence of your supervisory arrangements – the [Supervision Record](#) can be found on the website.
- **Section 3 – Practice Improvement / Measuring Outcomes** If you are using interactive workshops to meet this requirement, make sure you upload the program or workshop outline that shows you had the opportunity to practice a new skill with feedback. Quality improvement activities must demonstrate a Plan-Do-Study-Act cycle. Root Cause Analyses or Critical Incident reviews should have evidence of the invitation to participate.
- **Section 4 – Self guided learning** Attendance at conferences and workshops needs a certificate of completion and a reflection on what you have learned, for **each** conference or workshop. When reporting professional reading you should include the citation for each reading, and a reflection on the learning.

Please note - Your CPD entries, and the evidence you upload, should be de-identified.

This is checked at the time of audit.





Royal Australian and New Zealand College of Psychiatrists

309 La Trobe Street, Melbourne VIC 3000 Australia

Toll Free Australia

1800 337 448

cpdhelp@ranzcp.org

www.ranzcp.org

ABN 68 000 439 047