

# Continuing Professional Development

> **Handbook**  
2020-2021

**ROYAL AUSTRALASIAN COLLEGE**  
of Medical Administrators

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## WELCOME FROM THE RACMA PRESIDENT

The communities in Australia and New Zealand have high levels of trust in doctors and expect medical practitioners to provide safe care to patients. The Medical Board of Australia and the Medical Council of New Zealand have designed professional performance frameworks to ensure that all registered medical practitioners' practice competently and ethically throughout their working lives.

The **Medical Board of Australia's** Professional Performance Framework, due for implementation in 2021, will support doctors to take responsibility for their own performance and encourage the profession collectively to raise professional standards and build a positive, respectful culture in medicine that benefits patients and doctors. Over the next two years, this will entail completion of the consultation phase and the implementation of the **Professional Performance Framework** which has five pillars:

1. **Strengthened Continuing Professional Development (CPD)** – where a Fellow must complete a minimum of 50 hours of CPD activity per year
2. **Active assurance of safe practice**
3. **Strengthened assessment and management of medical practitioners with multiple substantiated complaints**
4. **Guidance to support practitioners**
5. **Collaborations to foster a positive culture of medicine**

The **Medical Council New Zealand** has already implemented recertification in order to maintain the right to be issued with a practicing certificate, New Zealand doctors must meet recertification and continuing professional development requirements.

Recertification is the process to demonstrate competence as a condition of holding a Practicing Certificate (PC).

### **RACMA has a commitment to strengthened Continuing Professional Development**

This handbook summarises the CPD requirements for our Members for 2020 and 2021. Templates and other supporting material including multimedia resources for new Members will continue to be updated and made available through the RACMA website.

On behalf of the Fellowship, I would like to express our particular thanks to Dr Liz Mullins and the Continuing Education Program Committee members from New Zealand, Hong Kong and Australian States and Territories who have all contributed to the evolution and improvement of the RACMA CPD program.



**Associate Professor Alan Sandford AM**  
**RACMA President**



## A WORD FROM THE CONTINUING EDUCATION PROGRAM COMMITTEE (CEPC) CHAIRPERSON

Welcome!

A commitment to lifelong learning is the cornerstone of being a good and productive Doctor.

To this end, RACMA assists you in the process of undertaking relevant and meaningful continuous professional development.

This handbook outlines our process and provides examples to inspire and assist you in this important task. Please also refer to the CPD section of the [RACMA website](#).

You have a local CPD Coordinator who can assist you at any time and provide examples for work to ensure that you are as good as you can be in your chosen role. To contact your jurisdictional CPD Coordinator, please email us at [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

The MyRACMA Portal provides an efficient way for you to record your activities so that they can be reviewed at any time and you are able to tally the required number of hours you need for compliance with our program.

The Continuing Education Program Committee and I are keen to help you and any queries, please do not hesitate to contact me via email at [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

Warm regards,

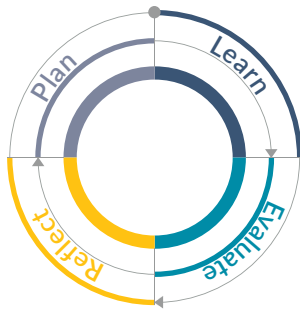


**Dr Liz Mullins FRACMA**  
Chair – Continuing Education Program Committee



## 1. OVERVIEW

This guide outlines the requirements for Continuing Professional Development of RACMA Fellows and Associate Fellows in accordance with the Australian Medical Council (AMC) standards and the professional performance frameworks of the Medical Council of New Zealand (MCNZ) and the Medical Board of Australia (MBA).



The strategic purpose of the handbook is to:

- Articulate clear expectations for CPD
- Link RACMA CPD to MBA/MCNZ
- Inspire and support Members to participate

If you require any assistance in completion of your CPD requirements, please contact the national office at [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

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### Impact of COVID-19 on Registration and Recertification



From the Medical Board of Australia  
April 2020

#### Continuing Professional Development

*The Board last month confirmed it would not take action if you cannot meet the CPD registration standard when you renew your registration this year.*

*These relaxed requirements apply to the CPD doctors are expected to undertake in 2020, and to their declaration in the year that covers 2020 CPD.*

*If you have general registration, this will be the declaration you make when you renew your registration in 2020. If you have specialist registration, it may be related to the declaration you make in subsequent years, about the 2020 CPD year.*

*We are clarifying this because the CPD cycles for specialist colleges vary.*



From the Medical Council of New Zealand  
26 March 2020

#### Waiving recertification requirements during the COVID-19 pandemic

*Throughout the course of the current COVID-19 pandemic, doctors are likely to have difficulties accessing the usual channels and methods to undertake learning and development activities to meet recertification requirements.*

*We recognise that there will be significantly reduced opportunities for continued medical education (CME) through forums, conferences, face-to-face training and/or study, or other such events that require people to congregate. Other activities, for example peer review and multi-source feedback, are also likely to be difficult and of less importance while urgent clinical work is clearly a priority.*

*We acknowledge that recertification programme providers also face the same restrictions as other businesses and organisations during this period and will likely be unable to carry out the usual functions, which includes carrying out audits on doctors' compliance with recertification requirements.*

*Council has therefore agreed, to waive recertification requirements for the next 11 months.*

## 2. MANDATORY PARTICIPATION

Notwithstanding the COVID crisis, participation in the RACMA CPD Program is a mandatory requirement for Fellows and Associate Fellows in order to remain in 'good standing' with the College ([RACMA Constitution](#), Sections 7.1 and 9.4-9.9).

CPD compliance is also required by Fellows for the maintenance of specialist registration in Medical Administration in Australia and New Zealand.

We appreciate there are many challenges for our Members but we strongly encourage you to continue with CPD activities in 2020 and beyond.

### CPD Opportunities During the COVID Pandemic

Think creatively about the sorts of activities that you might claim during the COVID pandemic in 2020:

- Webinars, Zoom or Microsoft Teams sessions with Chief Medical Officers, Health Department officials, Chief Health Officers, regional health authorities or medical leadership groups.
- Developing new policies, protocols, or care pathways to be applied in your health service or other work environment during the COVID pandemic.
- Designing, prototyping, developing or implementing new technologies, platforms or approaches to medical management that are appropriate to the location and context of your appointment(s).
- Working with health service colleagues (medical, nursing, allied health, corporate and administrative) to find novel solutions to COVID related issues.
- Regularly communicating, chatting, debriefing with a professional friend or colleague - 'phone a friend'.
- Collecting, developing, sharing or curating data, information, knowledge or educational materials to support best practice healthcare during the COVID pandemic.
- Analysis of COVID testing results (patient, community and/or staff related) to better understand local epidemiology and plan public health and organisational responses.

Notional estimates of the hours per week and number of weeks during which these activities were undertaken are acceptable for the purposes of documenting activities and reflecting on learning.

### 3. CPD COMPLIANCE

#### ALL MEMBERS

Your CPD compliance must relate to your Scope of Practice and meet the College's constitutional requirements for membership.

All components of the RACMA CPD program are to be completed on an *annual basis* for both Fellows and Associate Fellows to comply with RACMA membership obligations.

- **Fellows** of RACMA must achieve a *minimum* of 50 hours of approved CPD activity per year which *must include the submission* of a professional development plan.
- **Associate Fellows** of RACMA must achieve a *minimum* of 25 hours of approved CPD activity per year which *must include the submission* of a professional development plan.
- **Retired Members** of RACMA may choose to undertake CPD activities. The compliance requirements do not apply to retired Members with no mandatory activities nor minimum hours required.

#### Australian Requirements

##### Fellows

- Must submit a Professional Development Plan (PDP) – 10 hours<sup>1</sup> and
- Minimum additional 40 hours across any other category totaling 50 hours<sup>2</sup>  
This includes peer review, audit and continuous professional development activities

##### Associate Fellows

- Must submit a PDP – 10 hours<sup>3</sup> and
- Minimum additional 15 hours across any other category totaling 25 hours  
This includes peer review, audit and continuous professional development activities<sup>4</sup>

1 This includes the development, activity and review of the PDP. Minimum is 10 hours.

2 Audit and Peer Review remain optional until the Medical Board of Australia finalises the new framework.

3 This includes the development, activity and review of the PDP. Minimum is 10 hours.

4 Audit and Peer Review remain optional at this stage.

#### New Zealand Requirements

##### Fellows

RACMA Fellows must complete a minimum 50 hours CPD including submission of a Professional Development Plan.

Recertification by MCNZ for RACMA New Zealand Fellows will need to include the following core elements:

- Doctors must complete a mix of activities, as prescribed by the programme provider, across all three categories of continuing professional development (CPD):
  - CPD Category 1 – Reviewing and reflecting on practice
  - CPD Category 2 – Measuring and improving outcomes
  - CPD Category 3 – Educational activities (continuing medical education – CME)

- Doctors must have a structured conversation with a peer, colleague or employer (at least annually) to discuss outcome data from activities already undertaken (e.g. CPD, educational activities, or other), the doctor's personal reflection on their practice, learning aspirations, professional development, wellbeing, and their career stage and intentions.
- Doctors should use the information gathered from undertaking activities and from their structured conversation, to inform the development and ongoing maintenance of a professional development plan (PDP).

**Core elements of recertification for  
vocationally-registered doctors in New Zealand**



Reference: [Recertification requirements for vocationally-registered doctors in New Zealand – November 2019](#)

#### Associate Fellows

- Must submit a PDP (10 hours) and a minimum additional 15 hours across any other category totaling 25 hours.

The Medical Council New Zealand requires most doctors, as part of their approved recertification programs, to undertake 50 hours of professional activity each year, within their general scope. For further information, please refer to the [Recertification requirements for vocationally-registered doctors in New Zealand – November 2019](#) which can be found [here](#).



## 4. RACMA CPD ACTIVITIES

Members are required to enter their own activities into [MyRACMA](#) during the *calendar year*. It is recommended that activities are entered continuously throughout the year as they are undertaken. [MyRACMA](#) can be accessed via computer, mobile phone or tablet to enable ease of access at any time.


*The final cut-off dates for entries is 31 March of the following year.*




Some activities organised by the National Office (e.g. Annual Conference, monthly Member webinars, etc.) will be automatically logged on behalf of the Member.

The CPD hours associated with each of these activities will be displayed on the program or promotional materials with this logo.

### Sample: Monthly Webinar Series Emails



**Monthly Webinar Series**



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**What Leaders can do to Prevent Burnout;  
with particular reference to COVID-19 in Australia and New Zealand**

Tuesday 26 May 2020

12:30 - 1:30pm AEST

Presented by

Dr Lynne McKinlay  
BMedSc, MBBS(Hons), FRACP, FAFRM, FRACMA

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**ZOOM WEBINAR LOGIN DETAILS**

**Video conferencing**  
To join via video conferencing from a PC, Mac, or mobile device click: <https://racma.zoom.us/j/### #### ##>

or go to  
<https://racma.zoom.us> and select Join and enter Webinar ID: ### #### ##

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**Add event to calendar**



### 4.1 CPD Activities with Other Colleges or Providers

CPD undertaken with other Colleges or providers may be entered as individual activities if they relate to leadership, management or other RACMA competencies. RACMA does not accept CPD certificates from other Colleges per se as evidence of compliance with RACMA requirements.

## 5. MyRACMA

[MyRACMA](#) allows Members to record their CPD activities and update personal details. It now has increased functionality including:

- Accessibility on mobile phones and tablets. Login to MyRACMA as you would on your computer. Note that this is not a dedicated smart phone app.
- Ability to print your own CPD Certificate(s) once your annual record has been approved. Instructions are available on the website.
- A user-friendly dashboard on the landing page that shows how many hours you have achieved against each CPD category together with a YTD running total.

The following Quick Reference Guides have been developed to assist you in using MyRACMA and can be found on the [MyRACMA page](#) on the College website:

- Updating password and personal details
- How to enter a new activity
- How to enter a new PDP
- How to download and print CPD compliance certificate

## 6. LOCUMS

Members who undertake Locum activities are required to complete full CPD program requirements to maintain membership with the College. For example:

### Review of feedback from employer (ask the Agency)

- Why was that said about me?
- What did I do well?
- What did I do less well?
- Was I effective?
- What would I do differently next time?

### Repeat locums at the same place

- Why do they engage me?
- What do I do that meets their needs?
- Does this locum role fulfill my professional needs?
- Am I being as active an advocate for patient safety and quality as I can be?
- Do I close my eyes to anything?
- Why might I do that?

### Not asked to return

- Why did they not re-engage me?
- Was it me or was it them?
- Why?

## 7. EXAMPLE CPD ACTIVITIES BY CATEGORY

Both the Medical Board of Australia and the Medical Council of New Zealand are recommending changes to the CPD categories.

RACMA will be working towards implementing these changes in MyRACMA and will advise Members once the transition arrangements commence to move to the new category titles. The categories will remain the same until otherwise advised. It is anticipated this will likely be in 2021.

### 7.1 Example Audit Activities



#### Medical Board of Australia

- Review of individual/team and comparative data from de-identified large datasets (e.g. Medicare, PBS)
- Comparison of individual/team data with local, institutional, regional data sets
- Reflection on professional outcomes
- Review of medical records
  - Do they meet local standards?
- Clinical audit
  - What was learned, what did we change, was the change sustainable?
- Mortality and morbidity reviews
  - What was learned, what did we change, was the change sustainable?
- Review of clinical indicators and guidelines/standards adherence
  - What was learned, what did we change, was the change sustainable?
- Audit of medico-legal reports
  - What are the issues?
  - All individuals? Some systemic?
  - What was learned, what did we change, was the change sustainable?
- Review of processes that are required to occur within your organisation. For example;
  - Open disclosure
  - Identifying and addressing bullying or harassment
  - Morbidity and mortality meeting framework
  - JMO working hours
  - JMO fatigue
- Review of organisational activities against accepted standards/policies/guidelines:
  - Standard one ACSQHC Governance; Standard 6 Clinical handover. Do we comply? What is the gap? How do I manage that gap?
  - Open disclosure
  - Managing a concern or complaint against a clinician
  - Review of existing scopes of practice against national and international benchmarks

- Review of use of clinical indicators
    - What did the data tell us about our service?
    - What is our gap?
    - What did we do to improve that gap?
  
  - Review of how the organisation utilises external benchmark data such as Health Round Table, ACHS clinical indicators, NSW BHI data, Victorian SCV data or any other state-based comparison datasets:
    - What is our status?
    - What is the gap?
    - What are we doing to bridge the gap?
  
  - Review of Sentinel event reports and a check on how the organisation has complied with recommendations:
    - Have we complied with recommendations?
    - How have we done that?
    - If we did not do them why did we not do them?
  
  - Review of published coroner reports or newsletters. Ask yourself and your organisation question:
    - Could this problem happen here?
    - How would we manage a similar situation?
    - Have we even thought of this as a risk?
  
  - Audit and review of assessments of junior medical officers in relation to their experience within your organisation:
    - What is your retention rate? Is that OK?
    - Identify the issues of why they stay or go
    - Identify the gaps
    - Review the plan to manage the gaps
    - Understand why some still remain
- 



### **Medical Council of New Zealand**

- Measuring and improving outcomes through audit and review processes
- Comparing the processes or outcomes of health or patient care, with best practice in that domain
- Analysis of patient outcomes – audit of departmental outcomes including information on where you fit within the team
- Audit of your performance in an area of practice measured against that of your peers
- Taking an aspect of practice, such as transfusion rates, and comparing your performance to national standards
- Patient satisfaction survey

## 7.2 Example Peer Review Activities



### Medical Board of Australia

- Peer review of personal performance
- Peer review of educational activities
- Peer discussions of cases, critical incidents, safety and quality reviews
- Performance appraisal
  - What did it say?
- Peer review of medical records
  - How does my organisation compare with others?
- Peer review of journal articles
  - What does it teach me?
  - What might I change?
- Review a leading editorial or article from a regarded publication and ask the question(s):
  - What do we do in relation to this?
  - What should we do in relation to this?
  - What can I do as a Fellow at the College to make this happen?
- 360° assessment. What does this say about me:
  - As a person
  - As a colleague
  - As a mentor
  - As a professional
  - As a doctor
  - Do I exhibit the competencies required for membership of RACMA?
  - How would I know?
- Join a Learning Group of peers/colleagues and consider how members of that group manage the following challenging situations:
  - Managing your concern or a complaint against a clinician
  - Recruitment in a rural area
  - Work life balance with JMOs and delivery of care
  - Use of simulation as teaching tool
  - Mentorship of new clinical directors



### Medical Council of New Zealand

- Collegial practice visits: review a doctor's practice in their practice setting
- Multisource feedback
- Peer review of performance
- Performance (and/or annual employer) appraisal
- Interdepartmental meetings that may review cases and interpretation of findings
- 360° appraisals and feedback
- Areas to alter practice such as pre-operative risk identification and informed consent discussion

### 7.3 Example Continuing Medical Education (CME) Activities

The CPD essence of this category is the required **REFLECTION**

- What did it teach me?
  - What did it cause me to do differently?
  - Why did it not have any effect on me?
  - What do I seek from medical education?
  - How will I use this in my workplace; in my professional life; In my private life?
  - Am I better for having attend the session?
- 



#### Medical Board of Australia

- Lectures
  - Conferences
  - Courses
  - Reading
  - Research
  - Supervision
  - Workshops
  - Grand rounds
  - Online learning
- 



#### Medical Council of New Zealand

- Educational conferences, courses and workshops
- Online learning, self-directed learning programmes and learning diaries
- Journal readings, grand rounds
- Essentials knowledge quiz
- Supervising or mentoring others, examining candidates for college exams
- Teaching/supervision
- Research, publication and presentation to scientific meetings
- Committee meetings (often multidisciplinary) with an educational content
- Working as an assessor or reviewer for Council, giving expert advice on clinical matters

## 8. REPORTING OF COMPLIANCE AND NON-COMPLIANCE

Members have until 31 March of the following year to complete final entries to their CPD record for the previous calendar year. It is encouraged however, that Members enter activities as they are completed throughout the year.

RACMA has a communications plan in place that provides Members with 3 initial reminders plus a final reminder between October and March of the following year for completion of CPD.

Between April and June, Members are provided with remediation support from the RACMA CEPC committee and staff to assist in reaching compliance. Support is provided by email, phone and face-to-face where possible.

If a Member does not respond to or rectify non-compliance, they face cancellation of membership as per the RACMA Constitution and both Medical Board of Australia and Medical Council of New Zealand will be advised immediately of any cancelled memberships.

### Process for New Zealand Members MCNZ CPD Enrolment Confirmation and Audit of Compliance

RACMA is required to confirm on a quarterly basis, that our New Zealand Fellows are enrolled in the College's recertification program. Those who, at the end of the annual CPD cycle, have not achieved compliance will be reported to the Medical Council of New Zealand as non-compliant. Further information regarding recertification can be found [here](#).

### 8.1 RACMA CPD Compliance Audit

RACMA has an obligation to ensure that Members are participating in and achieving CPD compliance, the audit process comprises:

1. A quarterly maintenance audit
2. An annual certification audit
3. Annual compliance audit

You can find specific information on the Annual Audit of Participation in the College's [Continuing Professional Development Policy](#).

### 8.2 Important Dates for RACMA Members

ACTION / ACTIVITY	DATE / TIME FRAME
Establish PDP	Beginning of CPD cycle e.g. start of each calendar year
Enter CPD activities	Throughout the year and link PDP where applicable
Completion of CPD record	December each year
1st reminder to Members	October
2nd reminder to Members	December
3rd reminder to Members	February
Final reminder to Members	March
Final cut-off date for CPD entries to be completed	31 March following year
Sign off CPD records	April – June
Internal RACMA audit (10% Members)	July – August



## 9. EXEMPTIONS

There are classes of Fellows who are exempt from mandatory CPD – Life Fellows, Honorary Fellows and those Fellows who are fully retired and no longer practising/registered.

An exemption to annual CPD obligations may be granted under the following circumstances:

- Significant ill health of the practitioner – physical or mental illness
- Providing care or support to a member of the immediate family or household because of signs of an illness or injury affecting the immediate member of the family or household
- Members on an approved career break – maternity, paternity or long service leave will still need to complete CPD, but only comply with continuing medical education requirements

To apply for exemption, please submit request in writing, stating reason and requested length of exemption, and submit to [cpd@racma.edu.au](mailto:cpd@racma.edu.au).

All requests will be reviewed by the Continuing Education Program Committee (CEPC) and the outcome will be provided to you in writing from the CEPC Chair.

## 10. PROFESSIONAL DEVELOPMENT PLAN AND REFLECTIONS

### What is a Professional Development Plan (PDP)?



The Medical Board of Australia Expert Advisory Group on revalidation Final Report (MBA 2017) states:

*A written professional development plan (PDP) helps ensure that medical practitioners reflect on the value and appropriateness of proposed CPD activities before and after undertaking them. The PDP should take into account all factors that may influence doctors' fitness to practice.*

*Practitioners should write a concise PDP for each CPD period. This plan should outline the type of proposed CPD activities that will meet their individual professional development needs. The process should not in itself be a major undertaking, but a 'road map' guiding selection and reflection on relevant activities.*

Reference:

[Final report of the Expert Advisory Group on revalidation – March 2017, page 37](#)



The Medical Council of New Zealand, in its [Recertification requirements for vocationally-registered doctors in New Zealand](#) (page 8) describes a PDP as follows:

*A PDP is a planning document that can guide a doctor's future CPD and educational activities throughout their career. It ensures a focus on those activities that will provide most benefit to a particular doctor, based on identified development needs, the identification and integration of professional and personal (non-work) objectives. PDPs are most effective when they incorporate specific goals that are achievable, time-based and appropriate to the doctor's actual work and the setting they work in. Having a written plan helps to define and motivate achievement.*

*The PDP is a working document that is revisited and updated regularly to reflect areas still to be addressed, and where things have been achieved. The PDP can be developed either before or after CPD activities and an annual conversation have been completed, thereby using data gathered to inform future learning and activities.*

Members can use the online form in MyRACMA to complete their PDP or alternatively, may attach plans arising from employer or other performance appraisal processes.

## 11. FAQs

### **Why do I have to do CPD?**

CPD is a requirement for registration and specialist recognition by both the New Zealand Medical Council and the Medical Board of Australia and to maintain membership with RACMA.

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### **Why do I have to do CPD if I don't work full-time or do intermittent locum work?**

If you wish to be registered in both New Zealand and Australia, then you need to be CPD compliant.

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### **Why do I have to do CPD for any other college(s) as well as RACMA?**

Different colleges have different requirements. You are required to maintain your good standing with the relevant colleges. If you have undertaken CPD activities in leadership, management or other RACMA competencies with your other college, they can also be submitted to RACMA. Up-skilling in cervical cytology or laparoscopic skills does not count towards RACMA CPD.

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### **I am an Associate Fellow of RACMA, why do I need to participate in RACMA CPD?**

Associate Fellows must fulfill the requirement for leadership, management or RACMA competency related professional development in order to maintain their AFRACMA membership.

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### **Do I need to upload my evidence? Some of what I do is very confidential.**

Neither MCNZ nor MBA require mandatory uploading of CPD evidence. We have a capability for Members to upload their CPD evidence, so that should they be audited by AHPRA, their data is easy to extract.

Should Members choose not to attach their evidence we do ask Members to accurately describe their CPD activity so that the relevant State CPD Coordinator can assess the validity of their submission.

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### **How do I log attendance at grand rounds?**

A Grand Round is usually an opportunity for continuous medical education. If it (typically) takes an hour then log it as CPD, describe the session (title and hospital), and submit the reflection. You may claim 1 hour for attending the session and 1 hour for preparing your reflection on the session for a total of 2 hours.

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### **What is considered inappropriate to submit as a CPD activity?**

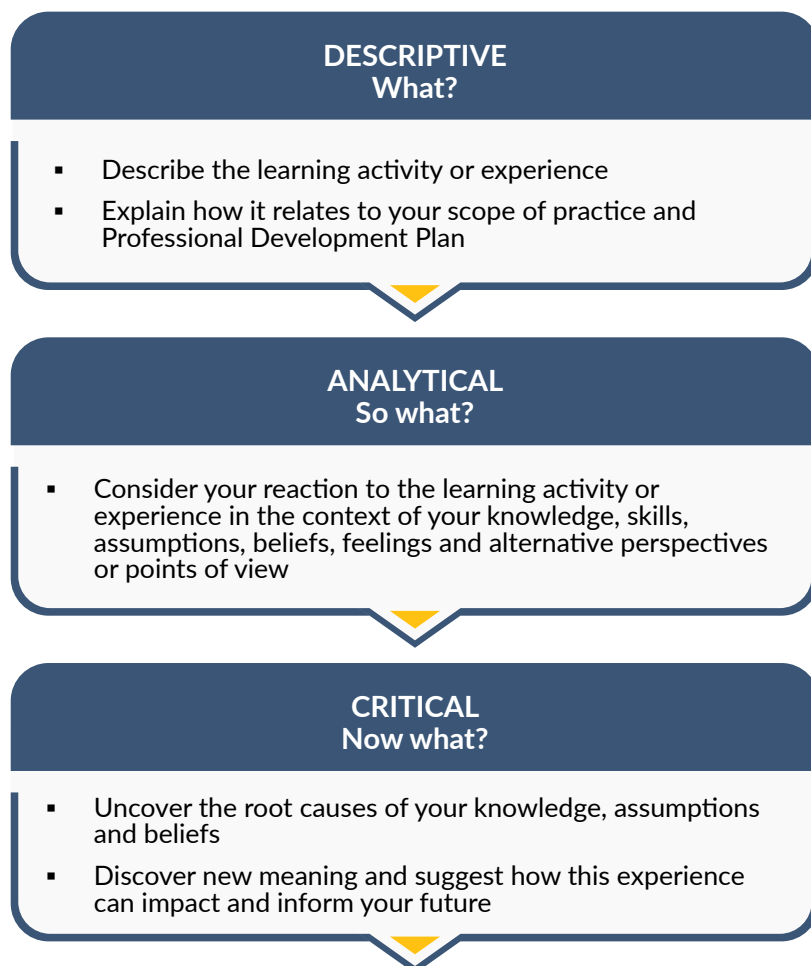
- Entries from a work diary for a month
- Lists of committees you chair in the course of your work
- Participation in routine work-related activities

## How do I write a reflective statement about a CPD activity?

A reflective statement should explain the relevance of the activity to your current scope of practice and your competence and performance as a health professional. It should explore your reaction to the activity. Did it help you, inform you or challenge you? Then it should demonstrate whether the experience has informed your future practice or plans for further professional development. This is often referred to as the **What? So what? What now? approach**.<sup>1</sup>

There are many frameworks available to support reflective practice and lifelong learning. The Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans, the General Medical Council, and the UK Medical Schools Council have published a range of resources to support medical students, doctors in training, senior and specialist medical practitioners in developing their reflective practice.<sup>2</sup>

The below graphic<sup>3</sup> highlights some of the questions to think about when writing a reflective statement in relation to your CPD activities:



<sup>1</sup> Rolfe, G. Freshwater, D. & Jasper, M. (2001) Critical reflection for nursing and the helping professions: a user's guide, Basingstoke: Palgrave Macmillan

<sup>2</sup> General Medical Council (2018) The reflective practitioner – guidance for doctors and medical students (Accessed 24 September, 2019): [https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance\\_pdf-78479611.pdf](https://www.gmc-uk.org/-/media/documents/dc11703-pol-w-the-reflective-practitioner-guidance_pdf-78479611.pdf)

<sup>3</sup> Adapted from Natasha Kenny's blog (2010) What is Critical Reflection? Senior Director, Leadership Team, Taylor Institute for Teaching and Learning, University of Calgary (Accessed 24 September, 2019): <https://natashakenny.files.wordpress.com/2017/05/coles-critical-reflection-handout.pdf>

## 12. REFERENCES & RESOURCES

- [Medical Board of Australia website](#)
- [Information on the Medical Board of Australia Professional Performance Framework](#)
- [Medical Council of New Zealand website](#)
- [Information on Medical Council of New Zealand recertification requirements](#)
- [AHPRA website](#)
- [Information on AHPRA website – revised CPD registration standards](#)
- [Australian Medical Council website](#)
- [Information on AMC accreditation standards and procedures](#)
- [RACMA website](#)
- [Information on RACMA CPD](#)
- [Information on MyRACMA on RACMA website](#)

### RACMA CPD Policies

- [Annual Audit of Participation in Continuing Professional Development](#)
- [Compliance and Exemption from Continuing Professional Development](#)
- [Participation in Continuing Professional Development \(CPD\)](#)

## APPENDIX 1 – CME Experience Reflection Template

Members can use this template as a guide when entering their reflective statement for each activity OR this template can be completed and uploaded for each activity.

<b>Title of Activity</b>	
<b>Name</b>	
<b>Date</b>	
<b>Hours</b>	

My Reflection	
What did I learn?	
What did it cause me to do differently?	
Where did it not have any effect on me?	
How will I implement my learnings: <ul style="list-style-type: none"> <li>▪ In my workplace?</li> <li>▪ In my personal life?</li> </ul>	
Am I better for having participated in this activity?	
What will I seek from medical education in the future?	

## APPENDIX 2 – Professional Development Plan (PDP) Example 1

<b>Name</b>	
<b>Start Date</b>	
<b>End Date</b>	

<b>Objective(s) &amp; Rationale</b>	
<b>Proposed Activity &amp; Expected Outcomes</b>	
<b>Proposed Evidence of Achievement</b>	

## APPENDIX 3 – Professional Development Plan (PDP) Example 2

### PART A

RACMA Competencies	How do I Assess Myself?
Professional	
Medical Expert	
Manager	
Scholar	
Collaborator	
Communicator	
Health Advocate	

### Key Areas for Development (Suggest no more than two)

Please summarize your key development needs in approximately 500 words:

### Assessment

Based on RACMA Competency Self Assessment Chart, which can be found [here](#).

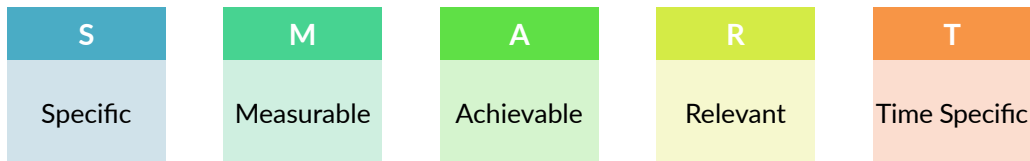


## PART B

### Professional Development Need

Reason for choice (maximum 500 words):

Describe your goal in SMART terms.



Goal (maximum 500 words):

<p><b>Personal Benefits</b> (500 words)</p>	
<p><b>Organisational Benefits</b> (500 words)</p>	
<p><b>Assessment – Development Need</b> Outline a new risk that might be involved in reaching this goal (500 words)</p>	
<p><b>Obstacles</b> Outline any potential obstacles in reaching this goal</p>	
<p><b>Plan to Overcome any Risks or Obstacles</b> (500 words)</p>	
<p><b>Actions – Do</b></p>	
<p><b>Resources or Support Needed</b> (500 words)</p>	

## PART C

### Action Plan

<p><b>Action Steps - Approach &amp; Target Date</b> (maximum 700 words)</p> <p>Review at (tick appropriate option):  <input type="checkbox"/> 6 months    <input type="checkbox"/> 12 months</p>	
<p><b>Result of Action Plan</b></p>	
<p><b>Suggestions for Action Plan</b></p>	

### Guide to the Completion of a Personal Development Plan

#### What is a Personal Development Plan?

The aim of creating a personal development plan is to document a process of self- analysis, personal reflection and honest appraisal of your strengths and weaknesses. This should enable you to evaluate the value of the leadership and management training you have received, and to consider your future leadership development.

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#### What do I need to do?

An example of a PDP included over the page should be read in conjunction with the requirements outlined below. This task is relatively short, succinct and designed to be helpful in evaluating your leadership development. It enables you to reflect upon your recent experience and to focus on the next stage of your training and development. Creating your PDP has three stages as follows:

- **Stage 1 – Personal Analysis**

The first stage is designed to analyse your strengths and weaknesses.

You will be able to draw heavily upon your career and the outcomes of courses that you may have attended. These should be supplemented by the perceived opportunities that will have been derived from your experience and any threats to your continued success.

- **Stage 2 – Setting Goals**

This involves setting new and clearly definable goals for yourself which are measurable.

The example PDP provides clear guidance on identifying these. You will need to consult your immediate superior (your first reporting officer/line manager).

- **Stage 3 – Personal Objectives**

This stage involves setting out your personal objectives.

These can also be set in context within your civilian employment as shown in the example, which will be helpful in reinforcing its value.

## PERSONAL DEVELOPMENT PLAN (Example)

<b>Name</b>	
<b>Organisation</b>	
<b>Department</b>	
<b>Date Personal Development Plan Completed</b>	

### Stage 1 – Personal Analysis

Before setting your short, medium, and long term personal development plans, you should conduct a personal analysis e.g. What are my strengths and weaknesses? What external opportunities or threats might affect any plans I might make?

<b>Strengths</b>	<b>Areas for Further Improvement</b>
<b>Opportunities</b>	<b>Threats</b>

**Stage 2 – Setting Goals**

What do I want to learn?	What do I have to do?	What support and resources do I need?	How will I measure success?	Target date for review

### Stage 3 – Personal Objectives

<b>Short Term Goals (next 12 months)</b>
<b>Medium Term Goals (next 2-3 years)</b>
<b>Long Term Goals (beyond 3 years)</b>