



ANZCA
FPM

Continuing Professional Development Program Handbook

January 2024

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
& FACULTY OF PAIN MEDICINE

ANZCA acknowledges the traditional custodians of country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present and emerging.

ANZCA acknowledges and respects ngā iwi Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Treaty of Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.

ANZCA recognises the special relationship between the Pacific peoples of New Zealand, Australia and the Pacific, and is committed to supporting those fellows and trainees of ANZCA and improving the health of Pacific peoples.

2023 ANZCA and FPM CPD Program Handbook

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To ensure that users have access to the latest version of the 2023 ANZCA and FPM CPD Program Handbook, the version (and version date) of the document appears within. There will be periodic updates to this document so please consider this if printing or downloading the document. The college only provides this document online and not in print.

Welcome to the ANZCA and FPM Continuing Professional Development Program

The Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) require that each registered medical practitioner undertakes continuing professional development (CPD) relevant to their scope of practice. CPD must also meet specific regulatory requirements. The ANZCA and FPM CPD Program is accredited by the MBA/Australian Medical Council (AMC) and the MCNZ as meeting all regulatory requirements.

In Australia, the MBA requires all registered practitioners to register with a CPD Home. The college is accredited as a CPD Home. Our high quality CPD program and activities are specifically developed by and for anaesthetists and specialist pain medicine physicians. The experienced CPD team and knowledgeable fellows provide excellent individualised guidance and support, so you meet registration requirements.

CPD drives clinical excellence by supporting your performance in our increasingly complex healthcare environments. CPD activities further develop and maintain your knowledge, skills, and professional attributes, including in providing culturally safe and responsive healthcare. The program is designed for a range of disciplines - anaesthesia, pain medicine, perioperative medicine, diving and hyperbaric medicine, rural generalist anaesthesia and related specialties. We provide guidance for specific contexts - direct patient care, clinical support roles, practice without direct patient care, private practice, part-time practice, practice interruptions, ANZCA provisional fellows and specialist international medical graduates (SIMGs).

The ANZCA and FPM CPD Committee oversees the CPD program structure and operations, with members from both Australia and New Zealand, different career stages, and public, private and mixed practice. The annual program is continuously updated to reflect both revised regulatory requirements and participant needs. It is user-friendly and feasible to complete with a diverse selection of activities relevant to your practice. The convenience of the online CPD portfolio, and the new CPD app in 2024 allows for quick and easy data entry, auto-population of college events/activities, plus readily available evidence if you are audited by the MBA/MCNZ. Likewise, college verification (audit) is streamlined and seamless.

Over more than two decades, numerous fellows and other CPD participants have received practical advice from committee members and the CPD team via phone or email. If you need it, help is only a call or email away. If you're unclear about your CPD and can't find the answer on the college website, we will support you – 03 9510 6299 or cpd@anzca.edu.au.

Dr Debra Devonshire FANZCA
Chair, ANZCA and FPM CPD Committee

Statement of purpose

The purpose of CPD is maintaining and advancing your knowledge, skills, and professional behaviours so you provide the highest standards of patient care throughout your working life. This is achieved through lifelong practice evaluation, learning with peers, and educational activities targeted to your individual needs.

It is also important to demonstrate CPD compliance to external parties, including the medical board/council (regulatory authorities), hospitals (for credentialing), government, patients, and communities. Participation in the ANZCA and FPM CPD Program provides you with annual statements of participation and certificates of compliance. Without such evidence, employment, clinical privileges, and medical registration may be at risk.

How to use this handbook

This handbook is presented in five sections, each linked from the [table of contents](#):

1. *What CPD is required by the medical board/council for me to practise as a doctor?*

Lists requirements in Australia, New Zealand, if you practice exclusively outside these countries and what to do if audited by a regulatory body.

2. *What do I need to do in the annual CPD program?*

Outlines CPD requirements for your specialty and circumstances (like retirement, part-time or interrupted practice) and how to apply for special consideration or become a recognised emergency response provider.

3. *CPD activity guide*

This is the 'go to' reference with:

- A summary table of activities across all three CPD categories: Category 1 Practice evaluation (divided into reviewing performance and measuring outcomes), Category 2 Knowledge & skills and Category 3 Emergency response.
- Activity summaries, colour-coded by category, that link to specific guidelines and forms.

Please note Category 2 Knowledge & skills activities are described only in the CPD activity guide (except wellbeing education activities which have a guideline). Each is tabulated with a description, examples, further information and portfolio evidence required.

4. *Recording and managing your CPD*

Covers practical aspects of the program like the electronic portfolio, compliance certificates and verification (audit).

5. *Guidelines and forms*

These are the 'how to' details for each CPD activity.

Category 1 Practice evaluation activities are summarised in the activity guide (section 3). Many activities also have a more detailed guideline (linked from handbook sections 3 and 5) describing the activity, how to complete it and how to record it. Some also include examples, optional related activities and supporting resources.

Many Practice evaluation guidelines have associated forms (tools), summary forms, self-assessment forms, templates and confidentiality and CPD verification forms.

Each guideline includes handy symbols indicating whether the activity is an individual activity, a paired activity (with a colleague) or a group activity (requiring a group of colleagues).

Category 3 Emergency response activities each have a guideline which provide information for CPD participants on how to complete the activity, and for hospitals, private practice groups and other course providers to develop and conduct emergency response education sessions.

Support documents and toolkits also have more detailed guidance for specific circumstances (like private practice, practice without direct patient care/clinical support roles).

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Section 1: What CPD is required by the medical board/ council for me to practise as a doctor?

Registration in Australia

The MBA [CPD registration standard](#) sets out minimum CPD requirements for all registered medical practitioners. To be registered and practice in Australia, each year you must:

- Develop a **CPD plan**.
- Complete **50 hours of CPD** relevant to your scope of practice¹ and professional development needs, including:
 - At least 12.5 hours of educational activities (knowledge & skills).
 - At least **25 hours of practice evaluation** (with a minimum of five hours reviewing performance and five hours measuring outcomes).
 - **12.5 hours** free choice of activities.
- Undertake a CPD evaluation.
- **Keep records for three years** after the end of each annual cycle (the ANZCA and FPM CPD Program does this automatically for you).

In Australia, registered specialist anaesthetists and specialist pain medicine physicians must:

- Meet the requirements of **an accredited CPD Home** (or there may be consequences for your registration²).
- Also meet the MBA-approved [specialist high-level CPD requirements](#) (table 1).

Table 1: MBA specialist high-level CPD requirements for specialist anaesthetists and specialist pain medicine physicians

Speciality	Specialist high-level CPD requirements
Specialist anaesthetists	• At least one emergency response activity per year • At least one of the following activities per year – structured patient survey, multi-source feedback, peer review, clinical audit
Specialist pain medicine physicians	• At least one emergency response activity per year • At least one of the following activities per year – structured patient survey, multi-source feedback, peer review, clinical audit

Please note the ANZCA and FPM CPD Program does not mandate the above activities for fellows and other CPD participants who exclusively practice without direct patient care.

On annual MBA registration you must declare that you have met the CPD registration standard. The MBA/Australian Health Practitioner Registration Agency (AHPRA) may audit compliance. Failure to comply is a breach of legal requirements for medical registration.

¹ **MBA definition of scope of practice:** 'The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform'. See MBA [Registration standard: Continuing professional development](#).

² See MBA [Registration standard: Specialist registration](#) and [Registration standard: Continuing professional development](#) for more details.

If you are audited by the MBA/AHPRA, this process is streamlined by participation in the ANZCA and FPM program.

Fortunately, the college is accredited as a CPD Home and our program allows you to meet registration requirements and deliver safe and high-quality care for your patients. The college also monitors MBA requirements and updates the CPD program to stay abreast of changing requirements.

If you are an **ANZCA or FPM trainee**, you meet the MBA CPD requirements by participating in your training program.

- The ANZCA training program requires that [provisional fellows](#) complete CPD for familiarity and a smoother transition to specialist practice.
- FPM trainees who already have a primary specialist qualification must meet the CPD registration standard with a CPD home for their primary specialist qualification (and relevant [specialist high-level CPD requirements](#)).

Recertification in New Zealand

If you are a vocationally-registered doctor in New Zealand, the **MCNZ** annual [recertification requirements](#) include:

- A professional development plan.
- A **structured conversation** at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans.
- A mix of activities in three categories – reviewing and reflecting on practice, measuring and improving outcomes, and educational activities. These map to *Category 1 Practice evaluation* and *Category 2 Knowledge and skills* within the ANZCA and FPM CPD Program.
- Cultural safety and health equity embedded across all three CPD categories.

The ANZCA and FPM CPD Program allows you to meet all these requirements and is recognised as the recertification program for the vocational scopes of anaesthesia and pain medicine in New Zealand.

If you are an ANZCA or FPM trainee, you meet requirements by participating in your training program.

- The ANZCA training program requires that [provisional fellows](#) complete CPD for familiarity and a smoother transition to specialist practice.
- FPM trainees who already have a primary specialist qualification will need to meet the recertification program requirements for their other [vocational scope of practice](#).

What if I am audited by the MBA/AHPRA or MCNZ?

The MBA may audit registered medical practitioners to ensure that they are doing the required annual CPD. If you are audited by the MBA/AHPRA, this process is streamlined by participation in the college program. By successfully completing the ANZCA and FPM CPD Program you both meet requirements and have a complete record in your online CPD portfolio that simplifies the process should you be audited.

The MBA/AMC requires that the college reports CPD compliance of fellows and other CPD participants to the medical board within six months of each year's end.

The MCNZ also requires that colleges (and other approved providers) notify them of any New Zealand fellows or other CPD participants who are non-compliant with CPD requirements.

If you practise exclusively outside Australia and New Zealand

Your requirements depend upon whether you plan to retain your MBA or MCNZ registration:

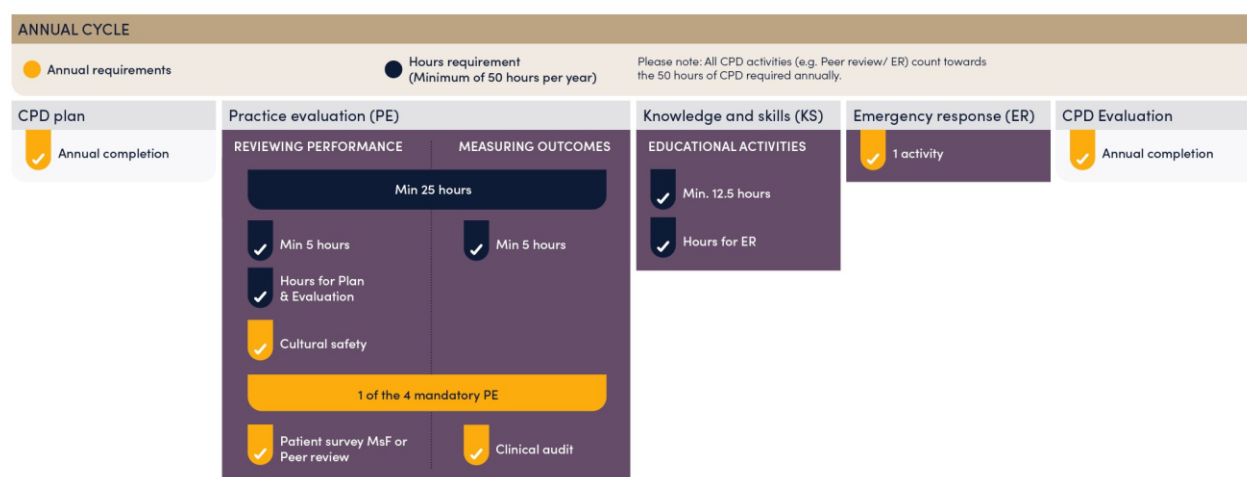
- **To retain your MBA registration**, you must ensure you meet the MBA [CPD registration standard](#) and the [specialist high-level CPD requirements](#) for the specialties in which you are registered. You may do this either by participating in the ANZCA and FPM CPD Program or by completing the same requirements within an overseas CPD program (plus any additional MBA requirements not covered by that program). You may be audited in the ANZCA and FPM CPD Program as part of the [annual verification process](#).
- **To retain your MCNZ registration**, you must meet all requirements of the [ANZCA and FPM CPD Standard](#). You may do this either by participating in the ANZCA and FPM CPD Program or by completing the same requirements within an overseas CPD program (plus any additional ANZCA and FPM requirements not covered by that program). You may be audited in the ANZCA and FPM CPD Program as part of the [annual verification process](#).
- If you don't have MBA or MCNZ registration but want to maintain your college membership (FANZCA and/or FFPMANZCA), the college requires that you meet the CPD standard in the country or countries in which you practise medicine.

Section 2: What CPD do I need to do in the annual CPD program?

If you practise anaesthesia

All CPD requirements are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy). Requirements are slightly different for those who [practice without direct patient care](#).

Figure 1: CPD requirements (clinical practice type)



The program runs on an annual calendar cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- At least 50 hours of CPD activities per year, including:
 - At least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes.
 - At least 12.5 hours per year in knowledge & skills (category 2).
 - An additional 12.5 hours of activities in any category.
- One of the four mandatory practice evaluation activities each year (patient experience survey, multi-source feedback, peer review or clinical audit), if you complete CPD under the clinical practice type.
- One cultural safety activity per year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- One emergency response activity per year, with hours taken to complete this activity claimed under *Category 2 Knowledge & skills*.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

If you are an ANZCA provisional fellow

CPD requirements

Participation in the ANZCA and FPM CPD Program is a training requirement. This is because the program prepares you for specialist practice, smoothing your transition to being a specialist anaesthetist (FANZCA) by ensuring you are familiar with the program for when you graduate.

As a provisional fellow, you need to complete at least 50 hours of CPD per 52 weeks of provisional fellowship training (PFT). You choose which activities you record to make up these hours. This may include CPD activities for parts of your training that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

CPD portfolio

As a provisional fellow, you'll automatically be enrolled in the online ANZCA and FPM CPD portfolio, which is linked to the ANZCA training portfolio system (TPS). Some of the activities you complete for your PFT training (for example scholar role activities) will auto-populate from the TPS to the CPD portfolio. However, some activities will require manual entry. Please see the [CPD for provisional fellowship trainees – support document](#) for more information on CPD requirements and the CPD portfolio.

Completion of training

All CPD hours you complete during your time as a provisional fellow will go towards your first CPD year as a FANZCA. For example, if you're a provisional fellow from 6 February 2023 to 4 February 2024, all CPD hours you record during this time will count towards your first annual CPD cycle, which will run from 5 February 2024 to 31 December 2024. These dates may be adjusted if you enter extended training (PFT-E). For more information, please contact the [CPD team](#).

On completion of training, you will be automatically and seamlessly transitioned to being a fellow participant in the ANZCA and FPM CPD Program. This provides ongoing access to services such as the [ANZCA Library](#) and other resources to support your CPD. Please see the [annual CPD requirements for anaesthetists](#) for information on the requirements once you become a FANZCA. If you are a dual fellow, see information for [if you practise pain medicine](#).

If you are a specialist international medical graduate

CPD requirements

In general, your requirements are the same as for other participants in the annual ANZCA and FPM CPD Program – see the relevant sections if you practise [anaesthesia](#), [pain medicine](#), [pain medicine and anaesthesia](#), [pain medicine and another \(non-anaesthesia\) specialty](#) or [pain medicine and are endorsed under the Procedures Endorsement Program](#).

Your CPD requirements are the same whether you are completing your specialist international medical graduate (SIMG) assessment full-time or [part-time](#).

You may undertake CPD activities for parts of your SIMG assessment that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

Admission to Fellowship

Upon being admitted to FANZCA and/or FFPMANZCA you'll be automatically and seamlessly transitioned to being a fellow participant in the ANZCA and FPM CPD Program. This includes ongoing access to services such as the [ANZCA Library](#) and other resources to assist you with your CPD. As the annual CPD requirements during SIMG assessment are the same as for fellows, a mid-year transition to fellowship will be seamless in terms of remaining requirements for that year.

If you practise rural generalist anaesthesia

As a non-fellow whose scope of practice includes anaesthesia and/or pain medicine, the college welcomes your participation in the ANZCA and FPM CPD Program. Our participants include **rural generalist anaesthetists**, **general practitioner anaesthetists**, and **MCNZ general registrants** with a scope of practice restricted to anaesthesia.

CPD resources and support

You'll be provided with access to the same learning resources and support as other CPD participants, including our excellent [library](#) and [Learn@ANZCA](#), the college learning management system, which includes many top-quality resources. A password for these is provided on CPD program registration.

CPD requirements

Your CPD requirements are the same as other participants who practice [anaesthesia](#) and/or [pain medicine](#). You may be included in the college's annual verification (audit) process. Our online CPD portfolio makes this process seamless.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

Enrolment

Enrolment in the program is easy – just email a completed [application form](#) and supporting documentation to the CPD team. Fees for participation are included on the form. These cover the costs of delivering a high-quality program and service, including your access to the library and Learn@ANZCA resources.

If you practise pain medicine

All CPD requirements are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy). Requirements are slightly different for those who practice [without direct patient care](#).

Figure 2: CPD requirements (clinical practice type)



The program runs on an annual calendar cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- At least 50 hours of CPD activities per year, including:
 - At least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes.
 - At least 12.5 hours per year of knowledge & skills (category 2).
 - An additional 12.5 hours of activities in any category.
- One of the four mandatory practice evaluation activities each year (patient experience survey, multi-source feedback, peer review or clinical audit), if you complete CPD under the clinical practice type.
- One cultural safety activity per year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- One emergency response activity per year relevant to your scope of practice, with hours taken to complete this activity claimed under *Category 2 Knowledge and skills*.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

If you practise pain medicine and anaesthesia

In Australia, the MBA requires you to meet the [CPD registration standard](#) for each of your specialties and/or scopes of practice. The ANZCA and FPM CPD Program allows you to seamlessly meet the requirements for both specialties. You just need to ensure a mix of activities that meets your professional development needs across both specialties within your scopes of practice.

In New Zealand, the MCNZ requires that you participate in the recertification program offered by the medical colleges or other approved recertification providers responsible for both of your vocational scopes of practice. The ANZCA and FPM CPD Program allows you to seamlessly meet the requirements for both specialties. You just need to ensure a mix of activities that meets your professional development needs across both specialties within your scopes of practice.

If you practise pain medicine and another (non-anaesthesia) specialty

In Australia, the MBA requires you to meet the [CPD registration standard](#) for each of your specialties and/or scopes of practice. The ANZCA and FPM CPD Program has been specifically designed to meet the needs of specialist pain medicine physicians. You'll also need to check with the college responsible for any additional specialty you practice to understand their CPD standard and requirements.

The [ANZCA and FPM CPD Standard](#) allows you to do either the ANZCA and FPM CPD Program or choose the CPD program of another college/CPD Home. If you do your CPD with another college/CPD Home, you must meet the MBA-approved [specialist high-level CPD requirements](#) for all specialties in which you are registered.

In New Zealand, the MCNZ requires that you participate in the recertification program offered by the medical college (or other approved recertification provider) responsible for each of your vocational scopes of practice. The ANZCA and FPM CPD Program is recognised as the recertification program for the vocational scopes of pain medicine and anaesthesia. Please check the [MCNZ website](#) for the recognised recertification program provider for your other vocational scope(s) of practice.

If you practise pain medicine and are endorsed under the Procedures Endorsement Program

The program runs on an annual cycle (from 1 January to 31 December). As a specialist pain medicine physician endorsed under the Procedures Endorsement Program in Australia and New Zealand, you need to:

- Complete a plan at the beginning and evaluation at the end of each year.
- Complete at least 50 hours of CPD activities per year.
- Ensure your CPD activities are a balance of core activities relating to the sociopsychobiomedical framework of pain medicine, alongside specific procedures-related activities.
- Complete at least 25 hours of practice evaluation activities (category 1), with a minimum five hours reviewing performance and five hours measuring outcomes. A minimum of 12.5 hours of your practice evaluation activities must relate to procedures in pain medicine. Endorsed fellows are strongly encouraged to undertake a clinical audit on a regular basis.
- Undertake one cultural safety activity per year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.
- Complete at least 12.5 hours per year of knowledge & skills (category 2). A minimum of four hours of your annual knowledge and skills activities must relate to procedures in pain medicine, with no more than three hours accrued at industry events.
- Undertake one emergency response activity per year, relevant to your scope of practice in pain medicine.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

You are also required to keep your records for 3 years. The portfolio makes this easy.

If you have clinical support roles

Whilst there are no mandatory CPD requirements for clinical support roles, the ANZCA and FPM CPD Program is designed for continuous improvement for your work in these roles, given how crucial they are to patient care. This includes CPD activities that address research, medical education, clinical leadership and medical management, and other areas that use your medical expertise (like medico-legal, regulatory and policy work).

Good resources for planning your CPD for your clinical support roles include:

1. The [Practice without direct patient care toolkit](#) (particularly 5. Planning your CPD, Table 2. Classification of CPD activities, Table 3. Examples of CPD activities which can be completed without an institutional attachment, and 6.7 Can I use tools developed by other organisations?)
2. The [CPD for clinical support roles library guide](#) which provides guidance in five areas – support across work roles, research, medical education, clinical leadership & medical management, and other expertise.
3. [The CPD activity guide](#) which summarises activities including with examples, links to forms and evidence required.

If you practise without direct patient care

Resources and support

The ANZCA and FPM CPD Program supports those who practice without direct patient care. As part of the 2021-2023 CPD review project, the college convened a reference group of fellows practising without direct patient care across diverse settings. This included those working in research, medical education, clinical leadership and medical management, and other areas that use medical expertise (like medico-legal, regulatory and policy work).

Outcomes were tailored resources for planning your CPD when you practice without direct patient care, including:

1. The [Practice without direct patient care toolkit](#) - includes guidance on regulatory requirements, working out whether you meet the definition of 'practice without direct patient care', CPD planning, requirements and how you might meet them (especially for *Category 1 Practice evaluation*).
2. The [CPD for clinical support roles library guide](#) - provides guidance in five areas – support across work roles, research, medical education, clinical leadership & medical management, and other expertise.
3. The [CPD activity guide](#) - summarises activities including with examples, links to forms and evidence required.

Many CPD activities are now tailored directly to clinical support roles, whilst also maintaining relevance for those in clinical practice, (e.g. analysing healthcare outcomes, clinical governance, committee work, critical reflection, cultural safety, multi-source feedback-clinical support, medico-legal reports, mentoring, quality improvement project, peer review of educational practice, peer support groups, practice audit-clinical support, review patient pathways and many others), so you should have no difficulty meeting requirements.

CPD requirements

CPD requirements for those who practise without direct patient care are summarised in the diagram below and coded for annual requirements (orange) and minimum hour requirements (navy).

Figure 3: CPD requirements (practice without direct patient care)



The program runs on an annual cycle (from 1 January to 31 December). You need to complete:

- A plan at the beginning and evaluation at the end of each year.
- 50 hours of CPD relevant to your scope of practice³ and professional development needs, allocated to include:
 - At least 25 hours of practice evaluation activities (category 1), including a minimum five hours reviewing performance and five hours measuring outcomes.
 - At least 12.5 hours of educational activities (knowledge & skills, category 2).
 - An additional 12.5 hours of activities from any category.
- One cultural safety activity per year. This is required by both the MBA and the MCNZ. We've made this easier with guidance on how you can meet their requirements. You can claim the hours taken to complete the cultural safety activity under *Category 1 Practice evaluation – reviewing performance*.

If you work in New Zealand, you must undertake a structured conversation at least annually with a peer, colleague, or employer to reflect on your development needs, learning goals, professional activities, and plans. You can claim the hours taken for this conversation under *Category 1 Practice evaluation - reviewing performance*.

You also need to keep records for three years after the end of each one-year cycle. The portfolio makes this easy.

If you practice without direct patient care, **you are not required to complete one of the four mandatory practice evaluation activities or an emergency response activity.**

³ MBA definition of scope of practice: 'The professional role and services provided that an individual health practitioner is trained, qualified and competent to perform'. See MBA [Registration standard: Continuing professional development](#).

If you practise diving and hyperbaric medicine

Specific CPD guidance for DHM practitioners

As the college that trains diving and hyperbaric medicine (DHM) practitioners, we provide guidance on keeping up to date in DHM. We also welcome you if you're not a college member.

While there isn't a separate DHM CPD program, the ANZCA and FPM CPD Program readily accommodates DHM practice through tailored activities.

- Those practitioners who are FANZCAs and/or FFPMANZCAs are automatically enrolled.
- If you are from a non-anaesthesia, non-pain medicine primary specialty, we welcome your enrolment.

CPD resources and support

You'll be provided with access to the same learning resources and support as other CPD participants, including our excellent [library](#) and [Learn@ANZCA](#), the college learning management system, which includes many top-quality resources. A password for these is provided on CPD program registration.

Enrolment

Enrolment in the program is easy – just email a completed [application form](#) and supporting documentation to the CPD team. Fees for participation are included on the form. These cover the costs of delivering a high-quality program and service, including your access to the library and Learn@ANZCA resources.

DHM specific activities

[The ANZCA DHM Sub-committee](#) has developed activities specifically for DHM practitioners, as outlined in the following table.

Table 2: Examples of DHM CPD activities

ANZCA and FPM CPD Program category	Examples of activities
Practice evaluation – reviewing performance	There are specific DHM versions of: • Patient experience survey (guideline, survey form summary form, confidentiality and CPD verification form). • Multi-source feedback (guideline, form, summary form, self-assessment form, confidentiality and CPD verification form). • Peer review of practice (guideline, observation form, agreement and CPD verification form).
Practice evaluation – measuring outcomes	The clinical audit guideline provides examples of how to meet relevant requirements.
Knowledge and skills	South Pacific Underwater Medicine Society (SPUMS) conference. Teaching activities in courses approved for DHM training. Supervision of trainees in the Advanced Diploma of DHM.
Emergency response	Central nervous system oxygen toxicity (CNS-OT) was specifically developed for DHM practitioners.

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

We welcome your feedback

Ideas, comments, or feedback on the DHM component of our CPD program, including for new activity templates, should be directed to the [DHM Sub-committee](#).

If you practise part-time

CPD requirements

As Australian and New Zealand patients expect the same high quality of care from their doctors however many hours they work per week, the CPD requirements for those who practise less than full-time hours are the same as for those who practise full-time. This is required by the medical board and council for any registered medical practitioner who engages in any form of practice.

Specific requirements are determined by whether you practise [anaesthesia](#), [pain medicine](#), [pain medicine and anaesthesia](#), [pain medicine and another \(non-anaesthesia\) specialty](#), [pain medicine and are endorsed under the Procedures in Pain Medicine Program](#), [rural generalist anaesthesia](#), [diving and hyperbaric medicine](#), or if you [practice without direct patient care](#).

You may undertake CPD activities for parts of your practice that don't involve direct patient care. See [if you have clinical support roles](#) and [CPD for clinical support roles library guide](#) for examples and resources to support CPD in these roles.

If you take extended leave

The college accommodates you should you need/want to take extended leave from medical practice.

- For anaesthetists, see [taking a career break and returning to anaesthesia practice](#) on the college website.
- For CPD, your case will be considered according to your individual circumstances under the [CPD Special consideration policy](#) (see also handbook section [if your circumstances require special consideration](#)).

Two factors that you will need to consider when planning for and returning from extended leave, as relevant, are recency of practice and the need for a return to practice plan.

Recency of practice

In Australia, recency of practice is required for registration. The MBA's definition, the minimum amount of work you need to do to be considered to be practising, and the implications for future practice are in the [MBA registration standard: Recency of practice](#).

In New Zealand, the MCNZ requires that you notify them about stopping practice, temporarily or permanently – see [maintaining your registration while you're taking a break](#).

Return to practice plan

The college can help if you need a return to practice plan:

- For anaesthesia practice see [PS50 Guideline on return to anaesthesia practice for anaesthetists](#).
- For pain medicine practice see [PS13 \(PM\) Guideline on return to pain medicine practice for specialist pain medicine physicians](#).

We strongly recommend that you seek advice from the MBA/AHPRA or the MCNZ to understand your options in terms of your registration and the implications for future practice.

If your circumstances require special consideration

The medical board/council allow for consideration of special circumstances. This might include where you experience serious illness or bereavement. We recognise that these situations can impact on your capacity to meet minimum CPD requirements and will consider your situation discretely, with compassion, and in accordance with the [CPD Special consideration policy](#).

Please note also that the college can also provide **access to wellbeing support** should you require. Please see the [ANZCA Doctors' Support Program](#) for resources. Your general practitioner is an important first point of contact.

To apply for special consideration, please outline your circumstances in writing to the [CPD team](#). Please **apply as soon as you can** to allow us to provide you with support and guidance prior to the end of the year. However, we recognise that may be difficult and will take your circumstances into consideration. Once received, your application will be assessed by the ANZCA and FPM CPD Committee chair or FPM CPD officer, as relevant. We will endeavour to get back to you as quickly as possible once your application is received.

If you are retired

Your requirements depend on whether you're maintaining some health-related activities and your medical registration status. Please note that the medical board and council definitions of 'practice' are very broad and include any work that uses your medical skills and training⁴.

- If you are **no longer registered** with the medical board/council or have non-practising registration (Australia), you do not need to do the ANZCA and FPM CPD Program. We have guidance for [transitioning to retirement](#), including college benefits for retired fellows. Please contact the [membership services](#) team to inform the college of your retirement so that we can ensure you receive the relevant benefits.
- If you are **practising in any way**, even if it does not involve direct patient care, you're required by the regulatory authorities to complete CPD. See [If you practise without direct patient care](#).
- In Australia, if you have given up your specialist registration but have maintained your **general registration**, the MBA requires that you join a CPD Home relevant to your scope of practice.
- In New Zealand, if you are registered and **practising in the general scope of practice** only, please check the [MCNZ website](#) for your specific recertification requirements.

This area is nuanced and we recommend that you check with the MBA/AHPRA or MCNZ. Please contact the college [CPD team](#) for further support as we are well versed in these nuances and are happy to help you.

⁴ **MBA definition of practice:** 'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession.... not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.'

MCNZ [definition of practice](#).

If you are a CPD activity provider

If you're a course provider who wishes to receive recognition of suitability for an emergency response activity in the ANZCA and FPM CPD Program, you need to:

- Complete the relevant [recognition of suitability form](#).
- Submit the completed form, along with your course outline to the [CPD team](#).
- The team will review your application and forward it for consideration for approval by the ANZCA and FPM CPD Committee chair.
- If your application is approved, the team will send you a unique recognition code. The recognition code is to be passed onto participants and included on their certificate of participation to aid claiming the activity in their CPD portfolio.

Prior recognition from the college is currently not required for non-emergency response activities. You're welcome to contact the [CPD team](#) for support regarding how your educational offerings might fit into the ANZCA and FPM CPD Program.



ANZCA
FPM

CPD activity guide

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS
& FACULTY OF PAIN MEDICINE

Category 1 Practice evaluation	Category 2 Knowledge & skills	Category 3 Emergency response
Reviewing performance	Education development	Acute severe behavioural disturbance
CPD plan & evaluation	Education/research committee work	Anaphylaxis
Cultural safety	Examining, including marking and writing questions	Can't intubate, can't oxygenate
Multi-source feedback (MsF)	Formal courses	Cardiac arrest
Patient experience survey	Global development	Cardiac arrest – specialist pain medicine physicians
Peer review	Hospital or practice attachments	Central nervous system oxygen toxicity
Annual structured conversation/ performance appraisal	Journal reading	COVID-19 airway management
Accreditation inspection/review	Leadership and management skills	Major haemorrhage
Case conference	Learning sessions	Malignant hyperthermia
Critical reflection	Presenting	Opioid-induced ventilatory impairment
Examiner – ANZCA primary and final exams/FPM fellowship	Publication	
Medico-legal reports	Research	
Mentoring	Review of ANZCA/FPM fellows	
Peer review of educational practice	Reviewer, grant applications	
Peer support groups	Reviewer/editor of journal	
SIMG PA assessor	Short format learning	
Team scenario	Teaching	
Measuring outcomes	Trainee assessment - reviews	
Clinical audit	WBA of trainees	
Analysing healthcare outcomes	Wellbeing education sessions	
Clinical governance		
Clinical governance/quality assurance committee work		
Incident reporting		
M&M meetings		
Practice audit		
Quality improvement project		
Report of audit findings		
Review patient pathways		
Root cause analysis (RCA)		

Key

Mandatory annual activities

All fellows and other CPD participants:

- Complete a **CPD plan** at the beginning of the year and a **CPD evaluation** at the end of the year.
- Complete 1 **cultural safety** activity annually

Mandatory practice evaluation activity

Clinical practice:

- Complete 1 of the 4 activities (**Multi-source feedback**, **Peer review**, **Patient experience survey**, **Clinical audit**) each year

Practice without direct patient care:

- Not required

Mandatory emergency response activity

Clinical practice:

- Complete 1 **emergency response** activity each year

Practice without direct patient care:

- Not required

Annual structured conversation

New Zealand fellow/CPD participant:

- Complete an **annual structured conversation** with a peer, colleague, or employer each year.

CATEGORY 1 | Practice evaluation

Practice type	Minimum annual hours	Mandatory annual activities
Clinical practice	25 hours across practice evaluation, with minimum 5 hours reviewing performance and minimum 5 hours measuring outcomes	1 cultural safety activity, with hours allocated under <i>Category 1 – Practice evaluation reviewing performance</i>. 1 of the 4 mandatory practice evaluation with hours allocated under <i>Category 1 – Practice evaluation reviewing performance/ measuring outcomes</i>.
Practice without direct patient care	25 hours across practice evaluation, with minimum 5 hours reviewing performance and minimum 5 hours measuring outcomes	1 cultural safety, with hours allocated under <i>Category 1 – Practice evaluation reviewing performance</i>.

Reviewing performance

Activity	CPD plan and evaluation
Description	Complete your CPD plan at the beginning of your annual cycle to ensure your CPD activities are meaningful and relevant to your needs. Complete your CPD evaluation at the end of your annual cycle to assess whether your learning needs were met.
Further information	Your annual statement of participation will be available once you complete your CPD plan.
Guidelines and forms	CPD plan CPD evaluation
Evidence required	Completed portfolio section, automatically reflected on your dashboard.

Activity	Cultural safety
Description	Participate in a cultural safety activity with a view to better understand cultural safety and its implications for your practice.
Further information	May be face-to-face or virtual. At least one activity must be completed each year, but there is no minimum time requirement.
Guidelines and forms	Cultural safety activity guidance
Evidence required	- Certificate of attendance/ participation/completion OR - Written confirmation of course registration OR - Screen shot of online resource.

Activity	Multi-source feedback (MsF)				
Description	Obtain feedback on your performance from a minimum of six colleagues/ co-workers with whom you regularly work. A trusted colleague collates the feedback and discusses it with you to identify your strengths and areas to work on.				
Further information	You can use a specialty-specific college tool (linked below) to complete this activity. If you use a different tool, it must be relevant to the ANZCA and FPM roles in practice.				
Guidelines and forms	<table> <tr> <th>Guidelines</th><th>Forms</th></tr> <tr> <td> Anaesthesia Clinical support DHM PM PPM </td><td> Anaesthesia Clinical support DHM PM PPM </td></tr> </table>	Guidelines	Forms	Anaesthesia Clinical support DHM PM PPM	Anaesthesia Clinical support DHM PM PPM
Guidelines	Forms				
Anaesthesia Clinical support DHM PM PPM	Anaesthesia Clinical support DHM PM PPM				
Evidence required	- Completed MsF confidentiality and CPD verification form - Copy of blank survey form (if different tool used).				

Activity	Patient experience survey				
Description	Obtain feedback on the care you provide from at least 15 patients/parents (a cross section of your usual practice) and reflect on collated feedback to improve your practice.				
Further information	You can use a specialty-specific college tool (linked below) for this activity. If you use a different tool, it must measure patient experiences relevant to your scope of practice.				
Guidelines and forms	<table> <tr> <th>Guidelines</th><th>Forms</th></tr> <tr> <td> Anaesthesia Anaes (paeds) DHM PM PPM </td><td> Anaesthesia Anaes (paeds) DHM PM PPM </td></tr> </table>	Guidelines	Forms	Anaesthesia Anaes (paeds) DHM PM PPM	Anaesthesia Anaes (paeds) DHM PM PPM
Guidelines	Forms				
Anaesthesia Anaes (paeds) DHM PM PPM	Anaesthesia Anaes (paeds) DHM PM PPM				
Evidence required	- Completed patient experience survey confidentiality and CPD verification form - Copy of blank survey form (if different tool used).				

Activity	Peer review of practice	
Description	A trusted colleague observes your practice, records their observations, and leads a feedback discussion regarding approaches to practice.	
Further information	You can use a specialty-specific college tool (linked below) for this activity. If you use a different tool, it must be developed for peer review of a specialist and relevant to your scope of practice. Both participants can claim CPD hours for this activity.	
Guidelines and forms	Guidelines Anaesthesia DHM PM PPM	Forms Anaesthesia DHM PM PPM
Evidence required	- Completed peer review of practice agreement and CPD verification form - Copy of blank peer review form used (if different tool used).	

Activity	Annual structured conversation/ performance appraisal
Description	Formal structured meeting with your head of department/practice, manager, or a trusted colleague to review your professional activities, development needs, learning goals and plans for the following year.
Further information	Mandatory requirement for those with medical registration in New Zealand. The appraiser can claim time spent on this activity under <i>Review of ANZCA/FPM fellow</i> .
Guidelines and forms	Annual structured conversation guide Annual structured conversation template
Evidence required	- Completed Annual structured conversation CPD verification form OR - Confirmation from appraiser.

Activity	Accreditation inspection/review
Description	Appointment to an ANZCA accreditation team, FPM review panel or as an inspector/visitor for another accrediting body, to undertake an accreditation inspection/ review.
Further information	Note that accreditation decision-making committee work is recorded under <i>Clinical governance/quality assurance committee work</i> .
Examples	- ANZCA accreditation inspection - FPM accreditation review - ACHS and other health service accreditation visits - Australian Medical Council and Medical Council of New Zealand accreditation visits.
Evidence required	- Letter of invitation/thanks OR - Confirmation of meeting schedule OR - First page of report which includes date(s) and team member names.

Activity	Case conference <i>Case discussion/conferencing</i>
Description	Case presentation and discussion involving at least three participants (may be multidisciplinary) to review and determine best management options.
Further information	May be face-to-face or virtual. Each participant must contribute a case and actively participate in the discussion.
Guidelines and forms	Case discussion/conferencing guideline
Evidence required	Log of discussion time and colleagues present.

Activity	Critical reflection
Description	Use a series of questions to review: - your practice (Practice reflection) or - your current health and wellbeing (Own health and wellbeing reflection) to develop an Action plan or Personal Wellbeing plan.
Further information	Choose a relevant topic for reflection. Examples include: - A work event such as a near miss or conflict situation - A workshop or other learning experience - An aspect of your work role such as a career transition - Your own health and wellbeing. Several wellbeing reflection models, including two developed by and for Māori, are in the guideline.
Guidelines and forms	Critical reflection guideline Practice reflection template
Evidence required	Completed critical reflection CPD verification form .

Activity	Examiner for the ANZCA anaesthesia primary and final and FPM fellowship exams
Description	Group viva discussion and examiner assessor activities during the primary examination viva voce and the final fellowship examination of ANZCA trainees, including medical, clinical and anaesthesia vivas. Participation as an examiner in the process of group viva and observed structured clinical examination (OSCE) discussion and assessor activities during the FPM fellowship exam.
Further information	Requires appointment as an ANZCA or FPM examiner.
Evidence required	Written correspondence confirming participation (e.g., examining roster, invitation to a specific exam).

Activity	Medico-legal reports <i>Medico-legal reports/ expert witness</i>
Description	Time spent preparing medico-legal reports and/or acting as an expert witness.
Further information	Requests for medico-legal reports originate from a variety of sources e.g., police, lawyers, government tribunals, insurance companies or patients.
Evidence required	Letter of invitation to provide a report or to act as an expert witness.

Activity	Mentoring
Description	A series of meetings between two colleagues (mentor and mentee) working collaboratively towards achieving mutually defined goals to develop or strengthen the mentee's professional skills, abilities, knowledge and thinking.
Further information	Skills may be clinical and/or clinical support related, and sessions may be face-to-face or virtual. Although mentor and mentee may not both be CPD participants, where they are each can claim this activity towards CPD.
Guidelines and forms	Mentoring guideline
Evidence required	Completed mentoring CPD verification form

Activity	Peer review of educational practice
Description	Review your educational performance with a trusted colleague (involved in similar educational practice) through observation and constructive feedback.
Further information	Use the structured form based on the ANZCA educator competency framework to complete this activity. If you use a different tool, it must be relevant to your scope of practice. Both participants can claim CPD hours for this activity.
Examples	Examples of activities that could be reviewed include facilitating a tutorial, developing a course, presenting, providing constructive feedback to a trainee or student, assessing a trainee/student. The guideline has other examples.
Guidelines and forms	Peer review of educational practice guideline . Peer review of educational practice observation form
Evidence required	Completed Peer review of educational practice agreement and CPD verification form . Copy of blank observation form (if different tool used).

Activity	Peer support groups
Description	A group of three or more self-selected peers meet regularly to discuss and reflect upon professional matters related to their practice in a supportive setting.
Further information	Peer support groups may address direct patient care issues or clinical support roles (e.g., complaints, own health and wellbeing, career transitions, ethics, leadership, professionalism).
Guidelines and forms	Peer support groups guideline
Evidence required	Completed Peer support groups CPD verification form

Activity	SIMG Performance Assessment assessor
Description	Time spent as an assessor conducting a Performance Assessment (PA) of a Specialist International Medical Graduate (SIMG) for their suitability to practice in Australia or New Zealand.
Further information	Requires appointment as a SIMG PA Assessor. See Handbook for specialist international medical graduates .
Evidence required	Letter of request or correspondence confirming participation in a SIMG PA.

Activity	Team scenario <i>Team training scenario within own work environment, with usual work team</i>
Description	Training scenario with usual team including education, practice, and feedback on team performance, often in a simulated environment to facilitate practice improvement.
Examples	Examples of situations suitable for a team scenario include orientation to a new procedure or a revised algorithm, or team practice of a safety protocol.
Evidence required	- Short summary of scenario and names of team members OR - Document confirming participation.

Measuring outcomes

Activity	Clinical audit <i>Clinical audit of own practice or significant input into a group audit of practice</i>
Description	The objective is collecting data on practice, reflecting on the results and considering practice changes if areas for improvement are identified.
Further information	Can involve one CPD participant or a group of practitioners in one or more disciplines (e.g., an anaesthetist and surgeon could jointly audit their patient outcomes).
Guidelines and forms	Clinical audit guideline Clinical audit templates
Evidence required	Completed Clinical audit CPD verification form

Activity	Analysing healthcare outcomes
Description	A group of at least three colleagues analyse and critically reflect on published reports of outcome data and evidence-based care, including discussion of the implications for participants' practice.
Further information	May occur face-to-face or virtually. May be a one-off event or a short series of meetings.
Guidelines and forms	Analysing healthcare outcomes guideline
Evidence required	Completed Analysing healthcare outcomes CPD verification form .

Activity	Clinical governance
Description	Active contribution of time to an institutional professional governance or an international society or organisation (either healthcare institutions or professional bodies) relevant to scope of practice.
Further information	It can be a series of meetings and/or work completed, either virtually or face-to-face, with the objective of supporting the governance decisions relating to the healthcare institution or professional body.
Examples	See guideline.
Guidelines and forms	Clinical governance guideline
Evidence required	Completed Clinical governance CPD verification form OR Attendance record (meeting minutes) and/or written confirmation of involvement from the organisation.

Activity	Clinical governance/quality assurance committee work
Description	Participation in committee work relevant to your scope of practice which contributes to broader safety and quality of patient care by: - reviewing clinical care outcomes or activities which support clinical care outcomes - reviewing guidelines, standards, performance data, incident data or monitors implementation of recommendations/actions taken to support relevant safety and quality outcomes.
Further information	Committee work which does not meet the above description can be claimed under <i>Knowledge and skills – Education/ research committee work</i> .
Examples	- Safety and quality committee - Regional/national mortality committee - Medication and blood safety committees - Clinical governance committees.
Evidence required	Agenda or first page of meeting minutes.

Activity	Incident reporting
Description	Reporting on adverse events and near misses allows reflection and learning to improve the quality and safety of care. Reporting promotes consideration of why the incident occurred and any future actions (including systems changes) to prevent similar future events.
Further information	May be undertaken via department, unit, or group, but significant contribution to the report is required to claim CPD hours for this activity. May be reported via web-based system or in hard copy, binationally (e.g., WebAIRS), nationally, regionally, or locally (e.g., department, unit, group practice).
Examples	▪ Critical incident reports ▪ Anaesthesia-related mortality reports.
Evidence required	▪ Confirmation of report, statement from department, unit, or group OR ▪ Record of reporting system entry.

Activity	Morbidity/ mortality meetings
Description	Interactive discussion with a group of clinicians with those involved in individual cases present. Includes review of management to understand factors (including those related to systems) contributing to mortality or morbidity.
Further information	These meetings may be organised by a department, private practice group, group of colleagues with similar scopes of practice, or run as part of a conference program. Presentations must conform to relevant regulations on discussing patient details (which may require de-identification).
Evidence required	▪ Attendance sheet OR ▪ Diary entry OR ▪ Confirmation of attendance from department, group, or practice.

Activity	Practice audit (clinical support)
Description	Collecting data on practice in areas that don't involve direct patient care, reflecting on the results and considering practice changes if areas for improvement are identified.
Further information	▪ Relevant to those with clinical support roles or those who practice without direct patient care. ▪ May involve one CPD participant or a group in single or multiple disciplines. ▪ May focus on individual, team, departmental, group, hospital or health service outcomes.
Guidelines and forms	Practice audit (clinical support) guideline
Evidence required	Completed practice audit CPD verification form

Activity	Quality improvement project
Description	Quality Improvement (QI) projects are focused on work that drives continuous improvement to achieve increasingly better patient experience and outcomes.
Further information	QI may be undertaken as an individual or as a group project (often multidisciplinary), and increasingly includes consumer engagement in co-designed care initiatives. The project can be clinical or non-clinical (clinical support), provided that the focus is on measurable improvement.
Examples	See guideline.
Guidelines and forms	Quality improvement project guideline
Evidence required	Completed Quality improvement project CPD verification form

Activity	Report of audit findings
Description	Written report or presentation of audit results including key findings and their implications for your practice.
Further information	This activity can be completed for either <i>clinical audit</i> or <i>practice audit (clinical support)</i> . Presentation may be local (colleague, department, group), regional, national, binational, or international.
Evidence required	Short summary of aim, methods, findings, comparison to benchmark, limitations and implications for your practice. Front page of report or correspondence confirming presentation.

Activity	Review patient pathways <i>Review of patient care pathways</i>
Description	Active participation in projects to review and redesign (including co-design) patient care pathways.
Further information	Includes literature review, pathway mapping, deconstruction, and reconstruction, using co-design principles which centre the patient experience.
Evidence required	- First page of meeting agendas/ minutes or other records of meeting attendance OR - Record of time spent on other relevant contributions.

Activity	Root cause analysis (RCA)
Description	Structured method of analysing serious adverse events to identify active and latent errors.
Further information	May be organised by department, unit, group, practice, or hospital.
Evidence required	- Correspondence confirming participation OR - Short summary of RCA outcome.

CATEGORY 2 | Knowledge and skills

Practice type	Minimum annual hours
Clinical practice	12.5 hours
Practice without direct patient care	12.5 hours

Activity	Education development
Description	Contribution to development of educational resources relevant to your scope of practice and used by others. This includes using emerging teaching and learning technologies.
Examples	Development of: - Curricula - e-Learning tools - Workshops and simulation session content - Educational tools and rubrics - Educational strategies, policies, and guidelines.
Further information	Does not include the preparation and delivery of education sessions which is claimed under <i>teaching</i> and does not include participation in such sessions.
Evidence required	- Confirmation of appointment/participation OR - Copy of resources developed.

Activity	Education/research committee work
Description	Participation in committee work related to professional practice in anaesthesia, perioperative medicine, diving and hyperbaric medicine, rural generalist anaesthesia and related specialties that does not meet the criteria for <i>clinical governance/quality assurance committee work</i> .
Examples	- ANZCA and FPM committees and project/working groups - Committees of hospitals, medical practices, universities, medical board/council, research foundation, or medical defence organisation.
Further information	See also <i>clinical governance/quality assurance committee work</i> under practice evaluation.
Evidence required	- Agenda OR - First page of meeting minutes.

Activity	Examining <i>Examining, including writing and marking questions</i>
Description	Participation as an examiner in written examinations and preparing questions for college trainees or medical students.
Examples	- ANZCA primary or final written examination marking and question writing - FPM fellowship examination, external long case assessment and written exam - Medical student written examinations and question writing
Further information	Time spent as an examiner on viva and OSCE examinations is claimed under <i>examining – viva/OSCE</i> .
Evidence required	Written invitation or roster.

Activity	Formal courses <i>Courses towards a formal qualification</i>
Description	A structured course or higher education program provided by a recognised tertiary institution, such as a university, that is directly relevant to medical practice (any one of the ANZCA/FPM roles in practice). Completion of the course/program leads to the award of a formal qualification such as a certificate, diploma or masters.
Examples	- Masters in medical education - Masters in pain management - Graduate certificate in clinical trials research - Graduate diploma in medical ultrasound.
Further information	Completed subjects may count towards CPD without the qualification being awarded.
Evidence required	- Certificate of enrolment, start and end dates. - Formal award upon completion.

Activity	Global development
Description	The broadening of your knowledge and skills via contribution to work and teaching in low- and middle-income countries.
Examples	▪ Essential Pain Management Program delivery ▪ Anaesthesia global development work.
Further information	See Global health on the college website for training and service opportunities.
Evidence required	Correspondence confirming participation.

Activity	Hospital or practice attachments
Description	An attachment at a different hospital/ practice from your own to broaden your knowledge and skills in a particular practice area.
Examples	▪ Week-long attachment to a specialist paediatric hospital to enhance care of paediatric patients. ▪ Month-long attachment to an overseas pain management department.
Further information	The college is unable to assist with arranging such attachments which must be arranged directly with the head of department/practice.
Evidence required	Written confirmation from head of department/practice where attachment was completed.

Activity	Journal reading
Description	Reading of peer-reviewed journals relevant to your scope of practice.
Examples	▪ Individual reading ▪ Journal club.
Further information	The ANZCA Library has numerous resources including Library Guides and journal access to support this activity.
Evidence required	▪ Copy of first page of each article OR ▪ Reference list of read articles OR ▪ Journal club schedule.

Activity	Leadership and management skills development
Description	Attending sessions, either in person or online, and accessing resources (including webinars, podcasts, and other on-demand content) focused on developing and enhancing leadership and management, relevant to the ANZCA/FPM role in practice – Leader and Manager.
Examples	Education and training sessions on governance, leadership skills, finance, use of information communication technology, communication, management, accreditation, quality assurance and improvement.
Evidence required	▪ Certificate of attendance, participation and/or completion. ▪ If certificates are unavailable (for example, for online courses), screenshot of course progress.

Activity	Learning sessions <i>Attendance at lectures, presentations or online learning</i>
Description	Participation in face-to-face or virtual learning sessions relevant to your scope of practice at scientific meetings, educational conferences or via online learning run by the college/faculty, a special interest group (SIG), another professional medical organisation, healthcare institution, or research/ educational body.
Examples	▪ ANZCA Annual Scientific Meeting ▪ FPM Spring Meeting ▪ SIG meetings ▪ Podcasts ▪ Webinars.
Further information	Hours for college events will be automatically uploaded to your CPD portfolio. You will need to confirm the activity for the hours to be added to your annual total.
Evidence required	▪ Certificate of attendance/ participation/ completion OR ▪ Official conference list of attendees OR ▪ Written confirmation of registration OR ▪ Screen shot of online resources.

Activity	Presenting <i>Presenting at local/ regional/ national/ international conferences/ meetings</i>
Description	Presenting face-to-face or virtually on a topic relevant to your practice at a conference/ other meeting organised by the college, a professional medical organisation, healthcare institution, or educational body.
Examples	▪ Plenary speaker ▪ Invited lecturer ▪ Paper/ poster presentation ▪ Facilitating a problem-based learning/ small group discussion session.
Further information	Tutorial presentations for trainees or students are claimed under <i>Teaching</i> .
Evidence required	▪ Program OR ▪ Published abstract OR ▪ Written invitation from organising committee.

Activity	Publications <i>Publication of a manuscript in a peer reviewed journal or book chapter</i>
Description	Time spent contributing to a publication of scientific or educational content in a peer-reviewed journal, or a book chapter in a recognised publication relevant to your scope of practice.
Examples	Publications in: ▪ Peer reviewed anaesthesia, pain medicine, education literature ▪ ANZCA Australasian Anaesthesia ▪ Acute Pain Medicine: Scientific Evidence chapter.
Further information	Journal editing and review is claimed under <i>Reviewer/ editor of journal</i> .
Evidence required	▪ Electronic citation OR ▪ Reprint of article OR ▪ Letter of acceptance from the journal or book editor.

Activity	Research <i>Research, including grant proposals and trials</i>
Description	Enhancement of research expertise by leading or contributing to research.
Examples	▪ Principal or associate investigator of a research grant application. ▪ Recruitment of patients to approved multicentre research. ▪ Contribution to components of research including grant proposals, recruitment.
Further information	This activity does not include time spent on the publication stage which is claimed under <i>Publications</i> . The ANZCA Clinical Trial Network welcomes CPD participant involvement in recruiting to multi-centre trials.
Evidence required	Written confirmation of submission or involvement from research organisation, grant body, or institutional ethics committee.

Activity	Review of ANZCA/FPM fellows
Description	Reviewing and providing feedback to a specialist colleague, either within the CPD program or in another context.
Examples	Providing feedback to a colleague on their: ▪ Multi-source feedback ▪ Patient experience survey ▪ Annual structured conversation/ performance appraisal.
Further information	Formal review of trainees (like core unit reviews and in-training assessments) are claimed under <i>Trainee assessment – review</i> and workplace based assessment and workplace based progressive feedback are claimed under <i>WBA of trainees</i> .
Evidence required	Name of the fellow or other specialist for whom you conducted the review.

Activity	Reviewer, grant applications <i>Reviewer of grant applications or participation on ethics committee</i>
Description	Formal reviews of research grant applications for a granting body or chair/member of an institutional ethics committee.
Examples	▪ ANZCA research grants.
Further information	Journal editing and review is claimed under <i>Reviewer/editor of journal</i> .
Evidence required	Written request of involvement from research organisation, granting body, or institutional ethics committee.

Activity	Reviewer/editor of journal <i>Reviewer or editor for a peer-reviewed journal</i>
Description	Formal review of a manuscript submitted for publication in a peer-reviewed journal/other publication relevant to your scope of practice.
Examples	Review of a manuscript by an ▪ Editor ▪ Deputy editor ▪ Reviewer.
Further information	Editorial board work is claimed under <i>Education/research committee work</i> .
Evidence required	Written request to review manuscript.

Activity	Short format learning <i>Short course, workshops, problem-based learning discussions and small group discussions</i>
Description	Participate in face-to-face or virtual small group learning which may include teaching or learning a new skill, and which has an interactive and/or hands on component.
Examples	▪ ANZCA Educators Program ▪ Regional Anaesthesia skills course ▪ Scientific meeting workshops and problem-based learning discussion sessions.
Further information	Facilitating small group learning is credited under either <i>Teaching</i> (of trainees/students) or <i>Presenting</i> (at meetings/conferences). Hours for college events will be automatically uploaded to your CPD portfolio. You need to confirm the activity for the hours to be added to your annual total.
Evidence required	Certificate of attendance and/or completion.

Activity	Teaching <i>Teaching including preparing and presenting tutorials</i>
Description	Preparation and delivery of face-to-face or virtual tutorials to colleagues, ANZCA or FPM trainees, trainees of other vocational colleges, prevocational doctors, or medical students.
Examples	- Clinical practice tutorial - Preparation for specialist practice tutorial - Examination long course tutorial - Exam short course tutorial - Practice vivas/written questions.
Further information	Informal teaching, such as in theatre or pain clinic teaching and trainee supervision, is excluded from this activity.
Evidence required	- Teaching timetable/program OR - Written invitation/confirmation, including duration of activity, from university or other institution or session/course organiser.

Activity	Trainee assessment reviews <i>Other assessment of trainees, including core unit reviews and in-training assessments</i>
Description	Formal assessments with feedback completed by supervisor of training, education officer, another supervisor, tutor or examiner.
Examples	- ANZCA core unit/clinical placement/SSU/provisional fellowship reviews - ANZCA scholar role assessments - FPM in-training assessments - FPM core training stage/practice development stage reviews - Trainee performance review.
Further information	ANZCA handbook for training FPM training handbook
Evidence required	Trainee's name.

Activity	WBA of trainees <i>Workplace-based assessment of trainees, including provision of feedback</i>
Description	Observation of trainee or student performance in the workplace using a structured form, with constructive feedback provision on performance.
Examples	- ANZCA mini clinical evaluation exercise (mini-CEX) - ANZCA direct observation of procedural skills (DOPS) - ANZCA case-based discussion (CbD) - FPM Workplace-based progressive feedback
Further information	ANZCA handbook for training FPM training handbook
Evidence required	Assessments completed in the ANZCA Training Portfolio System will be automatically uploaded in the CPD portfolio. You need to confirm the activity for hours to be added to your annual total. FPM assessments need to be manually added to the CPD portfolio, with the trainee's name as evidence.

Activity	Wellbeing education sessions
Description	Participation in a face-to-face or virtual wellbeing-related educational conference, workshop, small group discussion, or online learning module organised or provided by ANZCA, FPM, a special interest group, professional medical organisation, or healthcare institution.
Examples	- Wellbeing SIG sessions - Podcasts - Webinars.
Further information	Wellbeing education session guideline Hours for college events will be automatically uploaded to your CPD portfolio. You will need to confirm the activity for the hours to be added to your annual total. Time spent developing a personal wellbeing plan is claimed under <i>critical reflection</i>.
Evidence required	Certificate of attendance/participation.

CATEGORY 3 | Emergency response

Practice type	Minimum annual hours
Clinical practice	1 emergency response activity, with hours allocated under <i>Category 2 - Knowledge and skills</i>.
Practice without direct patient care	Not required

For emergency response activity providers: Please see the [emergency response](#) webpage for information about how to apply for recognition of suitability for emergency response activities..

Activity	Acute severe behavioural disturbance in the adult patient
Description	Simulation activity which aims to ensure anaesthetists and specialist pain medicine physicians have recognised training to prevent (where possible) and manage an ASBD situation.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Acute Severe Behavioural Disturbance (ASBD) in the adult patient ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Anaphylaxis
Description	Simulation activity which aims to ensure anaesthetists and pain medicine specialists (where relevant to their scope of practice) have recognised training to prevent (where possible) and manage anaphylaxis.
Further information	Find recognised courses and workshops on the college website . Participants have the option to complete an online module (listed on the website) for this activity.
Guidelines and forms	Anaphylaxis ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Can't intubate, can't oxygenate (CICO)
Description	Simulation activity which aims to ensure anaesthetists have recognised training to prevent (where possible) and manage a CICO situation.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Can't intubate can't oxygenate ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Cardiac arrest
Description	Simulation activity which aims to ensure anaesthetists and pain medicine specialists (where relevant to their scope of practice) have recognised training to manage a cardiac arrest.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Cardiac arrest ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Cardiac arrest – specialist pain medicine physicians
Description	Simulation activity which aims to ensure specialist pain medicine physicians (who are not practising anaesthetists) have recognised training in advanced life support that addresses considerations in settings where procedures for pain are performed.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Cardiac arrest specialist pain medicine physicians ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Central nervous system oxygen toxicity (CNS-OT)
Description	Simulation activity which aims to ensure hyperbaric physicians have recognised training to manage CNS-OT events.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Central nervous system oxygen toxicity (CNS-OT) ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	COVID-19 airway management
Description	Simulation activity which aims to ensure anaesthetists have recognised training for optimal patient airway management and infection control measures, in the context of COVID-19.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	COVID-19 airway management ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Major haemorrhage
Description	Simulation activity which aims to ensure anaesthetists have recognised training to prevent (where possible) and manage major haemorrhage.
Further information	Find recognised courses and workshops on the college website . Participants have the option to complete an online module (listed on the website) for this activity.
Guidelines and forms	Major haemorrhage ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Malignant hyperthermia
Description	Simulation activity which aims to ensure anaesthetists and pain medicine specialists have recognised training to recognise and manage malignant hyperthermia.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Malignant hyperthermia ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

Activity	Opioid-induced ventilatory impairment
Description	Simulation activity which aims to ensure anaesthetists and pain medicine specialists have recognised training to recognise and respond to opioid-induced ventilatory impairment.
Further information	Find recognised courses and workshops on the college website .
Guidelines and forms	Opioid-induced ventilatory impairment ER session guideline
Evidence required	Certificate of completion issued by a recognised provider.

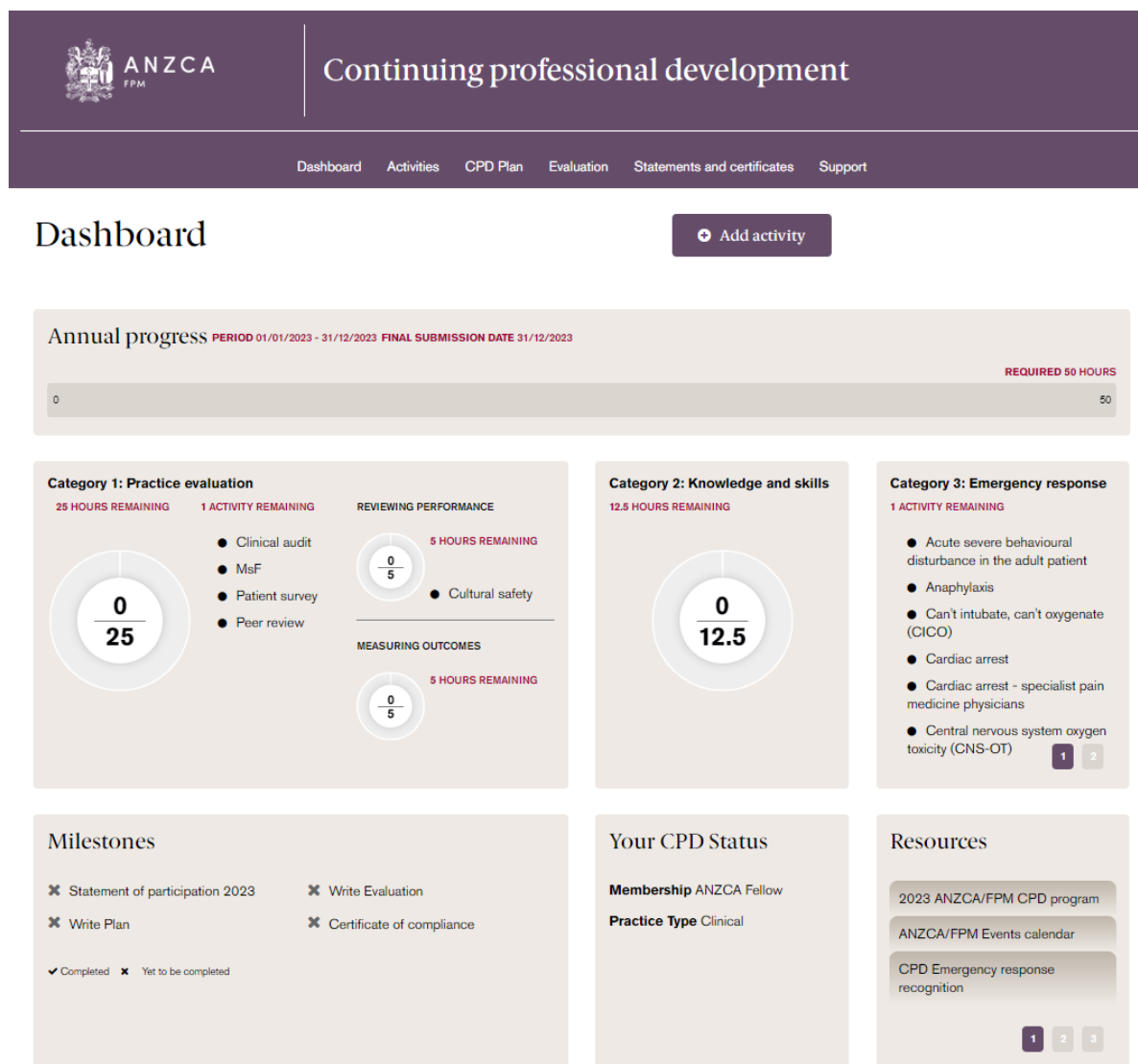
Section 4: Recording and managing your CPD

Online portfolio and evidence

ANZCA and FPM CPD Program participants have access to individual online CPD portfolios to record activities and track their progress in the annual cycle. Use of the online portfolio streamlines recording and uploading evidence. It also facilitates audit, either by the medical board/council or the college (required by the MBA/MCNZ).

The key to the CPD portfolio is the dashboard which includes a summary of progress and remaining requirements.

Figure 4: CPD portfolio (clinical practice type dashboard)



The support documents for the [clinical practice type](#) and for [practice without direct patient care](#) include detailed information to help new users become familiar with the online dashboard and annual requirements.

Annual statement of participation and certificate of compliance

Statement of participation

This statement demonstrate that you're actively enrolled in an accredited CPD program/CPD Home. It is available for download from your CPD portfolio once you've completed your CPD plan and is accessible at your convenience throughout the year. You can also email the statement to yourself or a third party directly from your portfolio.

Certificate of compliance

A certificate of compliance is available in your CPD portfolio (for download or emailing to yourself or a third party) when you have completed all the minimum requirements relevant to your practice type (see [section 2](#)).

If you've been selected for verification (audit), you can only access your certificate of compliance after the verification process is completed (see below).

Random audit (verification) of completed CPD activities

The MBA/AMC and MCNZ require that the college randomly audits CPD compliance. Each year, at least seven per cent of all fellows (including both ANZCA and FPM fellows) and other CPD participants are randomly selected for verification of their CPD activity records.

Mandatory compliance policy

CPD compliance is mandated by ANZCA and FPM and is required in Australia for specialist registration by the MBA and in New Zealand for recognition in a vocational scope of practice by the MCNZ.

Compliance requirements for fellows and other CPD participants are defined in the [CPD Mandatory compliance policy](#).

Annual audit (verification) process

If you're randomly selected in the annual verification, we'll notify you in September and you'll have until 31 December to update your portfolio with any completed CPD activities. You can upload evidence documents to support completed CPD activities directly into your CPD portfolio or submit them to the CPD team via email.

The verification process begins in January for approximately three months, after which you will be notified that either:

- The verification process is completed satisfactorily, as the evidence provided confirms recorded CPD activities; or
- That the verification process is incomplete, requiring clarification of the submitted evidence or further evidence for completion.

The portfolio facilitates uploading evidence as you complete CPD activities. College activities (such as events and assessments completed in the training portfolio system, TPS) are automatically populated in the portfolio. Consequently, the verification process should be relatively straightforward and seamless.

We encourage you to upload evidence for non-college events and activities as you go, so that if you're selected for verification no further action is required of you.

Evidence

Each time you log into the portfolio, any college events and activities that have been automatically populated in your portfolio will appear as 'pending'. You'll need to manually

verify these for the hours to count towards your annual total. However, you don't require any additional evidence/documents for these activities.

If you upload evidence into the portfolio at the time you record the CPD activity, you won't need to add any additional documents, unless the evidence provided doesn't substantiate the record and we specifically request further information.

Retaining records for three years

The MBA's [CPD registration standard](#) requires you to keep CPD records for three years. While the MCNZ doesn't have specific requirements, we recommend that participants in New Zealand also keep records for a minimum of three years. The online CPD portfolio makes meeting this requirement easy, as you can access all your previous CPD records.

College fellows participating in other CPD programs

If you're a college fellow with medical registration in Australia and/or New Zealand, you may be randomly selected for the annual verification process, regardless of where you do your CPD.

- If you're registered in Australia and you're selected in the annual verification process, you must provide evidence that you meet the requirements of your accredited CPD Home.
- If you're registered in New Zealand and you're selected in the annual verification process, you will be asked to provide evidence to verify you have completed all relevant activities to meet the [ANZCA and FPM CPD Standard](#) requirements.

Privacy

All correspondence and evidence provided as part of the verification (audit) process will be treated confidentially in line with [ANZCA's Privacy Policy](#).

Qualified privilege (QP) and protected quality assurance activities (PQAA)

Collecting information about patients has important privacy implications. Only de-identified information should be routinely stored in the CPD portfolio.

The focus of the ANZCA and FPM CPD Program is on practice improvement through participants review of outcomes and reflection on strengths and areas for improvement. For many activities that involve collecting patient or colleague feedback data, the evidence required by the college for verification (audit) is the relevant CPD confidentiality and verification form, rather than the raw data and outcomes.

Detail of what evidence is required, and relevant forms is in the guideline for each activity.

In collecting and using information, it is your responsibility to ensure that all privacy obligations are met, and any necessary consent is obtained. You must follow your hospital/private practice privacy policy and ensure that patients have consented as per that policy and relevant privacy legislation.

Australia

The following four practice evaluation activities are protected by the Commonwealth Qualified Privilege (QP) Scheme, as per the [Declaration of Quality Assurance Activity under section 124X of the Health Insurance Act 1973 – QAA 6/2017](#):

- Patient experience survey.
- Multi-source feedback.
- Peer review of practice.
- Clinical audit of own practice or significant input into group audit of practice.

Please note that other practice evaluation activities and the entire emergency response category are not covered under QP.

New Zealand

Under section 54 of the [Health Practitioner Competence Assurance Act 2003](#), the Minister of Health can grant protection of a quality assurance activity. The ANZCA and FPM CPD Program practice evaluation and emergency response categories (and thus all activities within them) are registered as Protected Quality Assurance Activities (PQAA) for participants in New Zealand.

Further information

Fact sheets on QP and PQAA are available from the relevant authorities:

Australia: [Commonwealth Qualified Privilege Scheme information](#).

New Zealand: [Protected Quality Assurance Activities under the Health Practitioners Competence Assurance Act 2003](#).

If you have any questions about what you can (and should not) upload to the CPD portfolio as evidence of your CPD activities, please contact the [CPD team](#).

Contact us

We know that the MBA and MCNZ CPD requirements can be daunting. We want to support you to meet requirements and provide the best care for your patients. The ANZCA and FPM CPD Program is designed to both meet requirements, streamline recording, and anticipate and simplify auditing.

Our dedicated CPD staff – Nadja and her team – are here to support you. They have a wealth of experience in assisting fellows and other CPD participants to meet requirements.

You can contact the CPD team via email at cpd@anzca.edu.au or phone +61 3 9510 6299. CPD team members are also available for virtual (zoom) sessions or in-person appointments at ANZCA House in Melbourne and at the ANZCA/FPM Annual Scientific Meeting every year.

Section 5: Guidelines and forms

You can access the guidelines and forms which support many CPD activities through the links in the list below, the CPD activity guide (section 3), your CPD portfolio or the [CPD guidelines and forms webpage](#).

Category 1 Practice evaluation – Reviewing performance

[CPD Plan](#)

[CPD Evaluation](#)

[Cultural safety activity guidance](#)

Multi-source feedback

[Multi-source feedback \(anaesthesia\) - guideline](#)

[Multi-source feedback \(anaesthesia\) - form](#)

[Multi-source feedback \(anaesthesia\) - self-assessment form](#)

[Multi-source feedback \(anaesthesia\) - summary form](#)

[Multi-source feedback \(clinical support\) - guideline](#)

[Multi-source feedback \(clinical support\) - form](#)

[Multi-source feedback \(clinical support\) – self-assessment form](#)

[Multi-source feedback \(clinical support\) – summary form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - guideline](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - self-assessment form](#)

[Multi-source feedback \(diving and hyperbaric medicine\) - summary form](#)

[Multi-source feedback \(pain medicine\) - guideline](#)

[Multi-source feedback \(pain medicine\) - form](#)

[Multi-source feedback \(pain medicine\) - self-assessment form](#)

[Multi-source feedback \(pain medicine\) - summary form](#)

[Multi-source feedback \(procedures in pain medicine\) – guideline](#)

[Multi-source feedback \(procedures in pain medicine\) - form](#)

[Multi-source feedback \(procedures in pain medicine\) – self-assessment form](#)

[Multi-source feedback \(procedures in pain medicine\) - summary form](#)

[Multi-source feedback confidentiality and CPD verification form](#)

Patient experience survey

[Patient experience survey \(anaesthesia\) - guideline](#)

[Patient experience survey \(anaesthesia\) - form](#)

[Patient experience survey \(anaesthesia\) - summary form](#)

[Paediatric patient/parent survey \(anaesthesia\) - guideline](#)

[Paediatric patient/parent satisfaction survey \(anaesthesia\) - form](#)

[Paediatric patient/parent survey \(anaesthesia practice\) - summary form](#)

[Patient experience survey \(diving and hyperbaric medicine\) - guideline](#)

[Patient experience survey \(diving and hyperbaric medicine\) - form](#)

[Patient experience survey \(diving and hyperbaric medicine practice\) - summary form](#)

[Patient experience survey \(pain medicine\) - guideline](#)

[Patient experience survey \(pain medicine\) - form](#)

[Patient experience survey \(pain medicine\) - summary form](#)

[Patient experience survey \(procedures in pain medicine\) – guideline](#)

[Patient experience survey \(procedures in pain medicine\) - form](#)

[Patient experience survey \(procedures in pain medicine\) - summary form](#)

[Patient experience survey confidentiality and CPD verification form](#)

Peer review of practice

[Peer review of practice \(anaesthesia\) - guideline](#)

[Peer review of practice \(anaesthesia\) - observation form](#)

[Peer review of practice \(diving and hyperbaric medicine\) - guideline](#)

[Peer review of practice \(diving and hyperbaric medicine\) - observation form](#)

[Peer review of practice \(pain medicine\) - guideline](#)

[Peer review of practice \(pain medicine\) - observation form](#)

[Peer review of practice \(procedures in pain medicine\) - guideline](#)

[Peer review of practice \(procedures in pain medicine\) - observation form](#)

[Peer review of practice agreement and CPD verification form](#)

Other Practice evaluation – reviewing performance

[Annual structured conversation guide](#)

[Annual structured conversation template](#)

[Annual structured conversation CPD verification form](#)

[Case discussion/conferencing guideline](#)

[Critical reflection guideline](#)

[Critical reflection template](#)

[Critical reflection CPD verification form](#)

[Mentoring guideline](#)

[Mentoring CPD verification form](#)

[Peer review of educational practice guideline](#)

[Peer review of educational practice observation form](#)

[Peer review of educational practice agreement and CPD verification form](#)

[Peer support groups guideline](#)

[Peer support groups CPD verification form](#)

Category 1 Practice evaluation – Measuring outcomes

[Clinical audit guideline](#)

[Clinical audit CPD verification form](#)

[Analysing healthcare outcomes guideline](#)

[Analysing healthcare outcomes CPD verification form](#)

[Clinical governance guideline](#)

[Clinical governance CPD verification form](#)

[Practice audit \(clinical support\) guideline](#)

[Practice audit \(clinical support\) CPD verification form](#)

[Quality improvement project guideline](#)

[Quality improvement project CPD verification form](#)

Category 2 Knowledge and skills

[Wellbeing education sessions guideline](#)

Category 3 Emergency response

[Acute severe behavioural disturbance in the adult patient ER session guideline](#)

[Anaphylaxis ER session guideline](#)

[Can't intubate can't oxygenate ER session guideline](#)

[Cardiac arrest ER session guideline](#)

[Cardiac arrest specialist pain medicine physicians ER session guideline](#)

[Central nervous system oxygen toxicity ER session guideline](#)

[COVID-19 airway management ER session guideline](#)

[Major haemorrhage ER session guideline](#)

[Malignant hyperthermia ER session guideline](#)

[Opioid induced ventilatory impairment ER session guideline](#)

Other support documents

[ANZCA provisional fellow support document](#)

[Clinical practice type support document](#)

[Mapping CPD program to ANZCA/FPM roles in practice](#)

[Practical guidance for CPD feedback conversations](#)

[Practice without direct patient care toolkit](#)

[Private practice support document](#)