ACRRM

ACRRM CPD Home

Introduction

ACRRM's CPD program has been developed to assist you in meeting the Medical Board of Australia CPD Standard for medical practitioners. In alignment with this standard ACRRM's CPD Program runs an annual cycle and requires you to complete the following:

Summary of requirements:

- have a CPD home and participate in its CPD program
- do CPD that is relevant to their scope of practice
- base their CPD on a personal professional development plan
- do at least 50 hours of CPD per year, that includes a mix of:
  - reviewing performance
  - measuring outcomes, and
  - educational activities.
- ensure that each year, your CPD activities encompass at least one CPD activity that addresses each of the CPD program-level requirements: culturally safe practice, addressing health inequities, professionalism and ethical practice.

ACRRM CPD Home

The ACRRM CPD Program is designed to meet the needs of Rural Generalists, rural doctors, GPs, other medical doctors and health practitioners.

Smarter. Faster. Easier. Better.
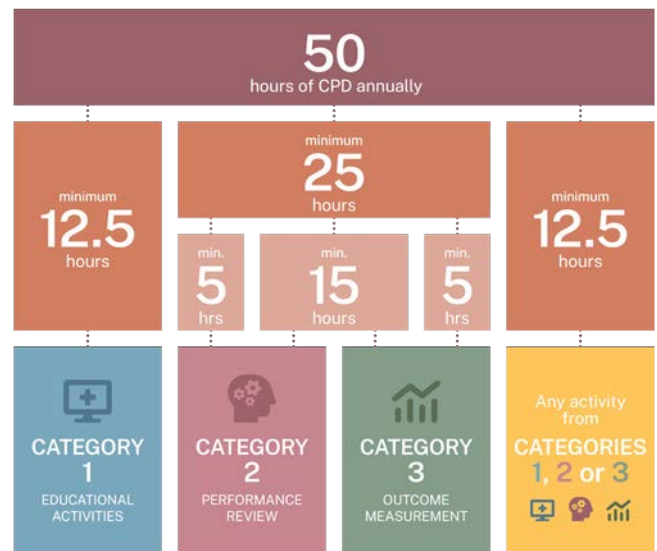
- 12.5 hours of **educational activities**
- 25 hours combined in the **performance review** and **outcome measurement** categories, with a minimum of five hours in each category
- 12.5 hours made up from a choice in **any of the three categories**

CPD categories

1. Educational Activities

This category includes activities that help you gain knowledge or skills. For example, lectures, presentations, meetings, distance education, and any self-directed formal study.

2. Performance Review

This category includes formal or informal activities that analyse and reflect on your work performance.

Reviewing performance includes measures that analyse and reflect on your own work processes such as feedback from peers, colleagues, and patients. Many practitioners already undertake some type of workplace appraisal, and time spent undertaking and reflecting on this activity can be claimed as a performance review.

Peer review is also an important tool in reviewing performance, and ACRRM recognises that there is a range of peer review activities including structured one-on-one observations with feedback, small group case-based discussion meetings, online case discussion forums and ad hoc clinical discussions with your colleagues.

There are many other activities including clinical attachment, skills training with assessment, and practice accreditation that can be claimed as performance review hours.

Many activities can be claimed in either the performance review or outcome measurement categories. Claim as performance review if the activity focused on reviewing your systems and practices (how you work).

3. Outcome Measurement

This category includes activities where you can measure an outcome. Measuring outcomes can involve reviewing practice data and reflecting on your patients' health outcomes in activities such as clinical audits, morbidity and mortality meetings and practice analytics. Many activities can be claimed in either the performance review or outcome measurement categories.

If an activity helps you to analyse your clinical outcomes it can be claimed as outcome measurement hours.

Not all outcome measurement activities require access to institutional datasets. ACCRM has developed CPD resources that include small-scale audit ideas including; patient unmet needs (PUNS), doctors educational needs (DENS), and how to use best-practice guidelines to evaluate your own practice and outcomes. These are available in your CPD portfolio.

See the CPD Matrix in Appendix 2.

ACRRM CPD program

ACRRM's program is designed to make recording of CPD less onerous for members so you can focus more on your practice.

The 2024 framework fosters a 'smarter not harder' approach by recognising activities you are already doing and developing and redesigning our professional development activities to better meet your requirements.

Additionally, our program offers CPD Home and Home Essentials participants a range of activities to enhance clinical, management, and professional skills throughout their medical careers.

The College CPD program has been designed to enable self-reporting within a flexible framework to facilitate the recognition of doctors' day-to-day practice-based learnings as well as incorporate traditional educational opportunities such as conferences, lectures, and webinars.

An hours-based system means that you can select the activity type, complete a few brief questions to describe the activity and record the time you spent on it, to receive immediate CPD credits. You can also attach your evidence of participation for audit purposes.

The reflective notes field can be used as evidence for most activities. Self-recording activities mean you can immediately see your progress in your CPD portfolio.

ACRRM CPD program features:

- ACRRM CPD allows you to meet MBA CPD requirements
- Access to interactive online portal to track progress and intuitively add CPD activities
- Access to dozens of resources to allow you to incorporate and capture CPD undertaken during your daily practice
- Professional Development Plan (PD Plan) template to plan and reflect on your development
- Access to accredited activities that can be automatically added to your portfolio
- ACRRM delivers a varied range of courses to meet your CPD
- Optional MOPS program for doctors with special areas of interest/scopes of practice

CPD Home and Home Essentials participants can access their CPD portfolio online and view their CPD progress immediately.

ACRRM has developed CPD resources and templates which are available through your CPD portfolio.

How can practitioners plan and reflect on CPD?

Practitioners will be responsible for determining and planning what CPD fits their scope of practice. There are multiple options to choose from in each of the three categories: educational, performance review and outcome measurements.

Practitioners are required to develop a PD Plan annually and review it regularly. A PD plan need not take long to develop and you can record CPD hours for completing it. The PD Plan can be based on an analysis of areas of need and include educational and training activities that reflect a practitioner's practice requirements and patient needs.

The College recommends that you identify the best activities for your own personal scope of practice at the start of each year and review your learning needs regularly.

It is an MBA requirement to develop a PD Plan annually.

Identify Learning Needs

Identify the knowledge and skills you need to gain or maintain over the CPD year and note these in your Professional Development Plan. You may like to consider areas such as clinical skills, communication skills, management and business skills.

Tailor your selection of activities to best support your current scope of practice.

Select CPD Activities

Through our ACRRM suite of CPD activities, you can choose activities that will help you meet the needs you have identified. ACRRM online modules cover a range of clinical areas and our face-to-face courses offer comprehensive skills training.

These can be found on our website.

You also have access to hundreds of accredited activities run by external providers. The majority of these will be automatically added to your CPD portfolio upon completion.

ACRRM offers many resources to guide you through planning audits, peer review and other in-practice activities that may assist you in selecting your activities for the year.

You can access these through your CPD Home.

Planning your CPD ahead of time will also ensure that you undertake activities that are best suited to your practice.

Add your PD Plan

To document your PD Plan, log into your ACRRM CPD Home, and navigate to the Add Plan section, from here download and complete your PD Plan template. When ready return to this page to upload your completed plan. You can upload multiple plans over the CPD year as you review and reflect.

Use Your CPD Portfolio

Using your CPD Portfolio on the ACRRM website is a simple, secure, permanent method of recording your professional development progress. You can add activities, view your progress, search the ACRRM database of accredited activities and print your statement from your CPD portfolio.

Reflect on Your Professional Development Regularly

New professional challenges and opportunities can present over the course of the year. A regular review of your professional development, and reflection on your progress, can ensure that your plan remains relevant to your professional goals and responsibilities.

Reflect on Your Practice

The objective of professional development is to ensure that your practice as a medical professional is the best it can be. Professional development should result in continuous improvement and keeping up with advances in medical knowledge and practice management. Take time to actively reflect on your activities, implement changes where appropriate and evaluate their effectiveness.

Specialist high-level requirements

Ahpra requires medical specialists to complete any specialist high-level requirements as mandated by their specialist college. In 2025, specialities with Specialist high-level requirements encompass anaesthesia, emergency medicine, general practice, pain medicine, psychiatry, radiology, sport and exercise medicine, surgery, obstetrics and gynaecology, and intensive care medicine. More information is available here.

General practitioners must complete a CPR course every three years to fulfil their Specialist high-level requirements. Further details on acceptable CPR activities can be found in the Life Support Section of the CPD handbook.

If you are an ACRRM CPD Home or CPD Home Essentials participant with specialist registration in one of these areas, ACRRM can track these requirements in your CPD Home. You will be able to print a statement noting your Specialist high-level requirements compliance.. For more information, please contact the CPD team at cpd@acrrm.org.au or visit CPD Framework page.

Other requirements

Program-level requirements

The Medical Board of Australia's CPD Registration Standard requires all medical practitioners to complete Continuing Professional Development (CPD) which is relevant to their scope of practice and includes core content on culturally safe practice, addressing health inequities, professionalism and ethical practice.

CPD compliance requires that each of the following program-level requirements feature at least once in your CPD activities each calendar year.

- Culturally Safe Practice
- Ethical Practice
- Professionalism
- Addressing Health Inequities

Upon completion of an activity that includes one of these components, CPD participant portfolios are updated to reflect these types of activities.

Program-level requirements can be selected when submitting your activities through your ACRRM CPD Home. For any activities you complete outside ACRRM's accredited courses, we have provided this inclusion to ensure any eligible activity you undertake will be recorded to meet the relevant requirement to one or more of these components.

Cultural safety

Ahpra's Good Medical Practice Code of Conduct states that cultural safety *"acknowledges the social, economic, cultural, historic and behavioural factors influencing the health of individuals, communities and populations, and involves understanding what individual patients and/or their family believe is culturally safe"*.

Meeting Cultural Safety, as stated by the Code of Conduct, requires:

- Understanding how your own culture, values, attitudes, assumptions and beliefs influence your interactions
- Respecting the diverse cultures, beliefs, gender identities, sexualities and experiences of people

- A genuine effort to adapt your practice
- Avoiding bias, discrimination and racism
- Challenging assumptions that may be based on, for example, gender, disability, race, ethnicity, religion, sexuality, age or political beliefs

ACRRM's Curriculum, Domains of Rural and Remote Practice and CPD program are grounded in delivering Culturally Safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups to improve health and wellbeing in a strengths-based, respectful, and understanding approach.

Scan here to view the ACRRM Information Sheet

Ethical practice

As stated by Ahpra's Good Medical Practice Code of Conduct, *"They must be honest, ethical and trustworthy...Every doctor has a responsibility to behave ethically to justify this trust."*

To ensure Ethical Practice is being undertaken, as discussed in the Code of Conduct, it is critical ethical and legal obligations are upheld in:

- Patient confidentiality and privacy
- Research
- Workplace and colleague behaviour
- All other areas.

Ethical practice is included in ACRRM's Curriculum, Domains and CPD program and specifies the requirement to work within the relevant national and state legislation and professional and ethical guidelines, and to recognise unprofessional behaviour and respond according to ethical guidelines.

Scan here to view the ACRRM Information Sheet

Addressing health inequities

Ahpra's Good Medical Practice Code of Conduct
"There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, economic, historic, geographic, and other factors".

Addressing Health Inequity, as stated by the Code of Conduct, requires:

- Using expertise and influence to identify healthcare inequity
- Using expertise and influence to address healthcare inequity
- Protect and advance the health and wellbeing of individual patients, communities and populations

Addressing Health Inequity is a key component of ACRRM's Curriculum and CPD program, designed to help Medical professionals to identify and address the social and economic inequities that are experienced by communities in Australian and the link between socio-economic factors and health status.

Scan here to view the ACRRM Information Sheet

Professionalism

As stated by Ahpra's Good Medical Practice Code of Conduct, *"Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be honest, ethical, and trustworthy."*

Referring to the Code of Conduct - professionalism includes:

- Patient-centred approach
- Honest, ethical, and trustworthy practice
- Confidentiality
- Good communication
- Self-awareness and self-reflection

ACRRM's curriculum and CPD program are grounded in these professional standards including clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching and research.

Scan here to view the ACRRM Information Sheet

Additional CPD Tracking

Life Support

ACRRM CPD home allows CPD Home and CPD Home Essentials subscribers to easily track their completion of Life Support activities.

Advanced Life Support Skills
(Mandatory for Fellows)

ACRRM Fellows are required to complete Advanced Life Support (ALS) training every three years to maintain Fellowship. To comply, an Advanced Life Support activity congruent with the Australian Resuscitation Council guidelines must be completed every three years.

Please note:
The ALS course must cover the management of adults. Therefore, APLS does not meet the standard required.

ALS courses must be a minimum of six hours long, include pre and post-reflective activities, have a robust assessment process and provide members with the following skills and knowledge:

- Recognition, assessment, and management of the deteriorating patient using a structured ABCDE approach (aiming to prevent cardiac arrest)
- Treat cardiac and/or respiratory arrest, including manual defibrillation
- Management of life-threatening arrhythmias
- Preparing and planning for post-resuscitation care

- Care for the deteriorating patient or patient in cardiac and/or respiratory arrest in special circumstances such as asthma, anaphylaxis, and pregnancy
- Lead a team, work as a team member, and use structured communication skills including giving an effective handover
- Consideration for end-of-life decision making

Basic Life Support Skills

CPD Home and CPD Home Essentials participants who are non-Fellows of ACRRM are encouraged to demonstrate an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression.

To comply, a basic life-support activity congruent with the Australian Resuscitation Council guidelines must be completed every three years.

ALS and BLS courses will also be counted towards the overall CPD requirements. ALS courses are also recognised as an Anaesthetics Emergency Response activity for GP Anaesthetists.

Maintenance of Professional Standards

The ACRRM Maintenance of Professional Standards (MOPS) program represents an elective advancement in Continuing Professional Development (CPD) record management and reporting, specifically tailored for members possessing advanced skills in procedural, mental health, or emergency practice. MOPS is an integral optional component of the ACRRM CPD Program, available to all CPD Home and CPD Home Essentials participants.

Participation in MOPS not only fulfils the specific requirements of this specialised program but also contributes significantly to your broader annual CPD obligations. The activities undertaken within the framework of MOPS are seamlessly integrated into the comprehensive CPD structure, ensuring a holistic approach to professional development.

ACRRM offers the following MOPS:

- Anaesthetics
- Emergency Medicine
- Surgery
- Obstetrics
- Focused Psychological Strategies Skills Training (FPS ST)
- Med Acupuncture
- Radiology

Additional Specialised Skills MOPS:

- Aboriginal and Torres Strait Islander health
- Academic Practice
- Adult Internal Med
- Mental health
- MHST
- Paediatrics
- Population Health
- Palliative Care
- Remote Medicine

Should you wish to augment or modify your MOPS requirements in alignment with your evolving clinical or professional practice, the CPD team is readily available for assistance at cpd@acrrm.org.au to discuss any adjustments or enhancements to your MOPS plan.

Maintaining ACRRM Fellowship

All ACRRM Fellows must meet the ACRRM CPD requirements each year to maintain their Fellowship, including Advanced Life Support and any relevant MOPS requirements.

A FACRRM's compliance with the ACRRM CPD Framework is assessed based on the evidence provided in the ACRRM CPD Home / CPD Home Essentials platform. If you participate in multiple CPD programs you can upload evidence (e.g. Compliance statement from another CPD Home) to the ACRRM platform in order demonstrate your CPD compliance and maintain your Fellowship.

If you are assessed as non-compliant 30 days subsequent the conclusion of the annual CPD cycle, you will be notified that you have not yet met the requirements of the Medical Board of Australia. You will also be advised of the timeframe for completion of any outstanding requirements in order to comply with the reporting requirements of the CPD Home.

Should you remain non-compliant following notification and beyond the provided timeframe, the ACRRM CPD Home is required to notify the Medical Board that you are non-compliant, and your Fellowship may be rescinded in line with the College's policy.

Your commitment to excellence and ongoing development is paramount, and ACRRM is dedicated to supporting you in achieving your CPD requirements in line with your professional aspirations.

General Practitioners and Rural Generalists are encouraged to participate in the ACRRM MOPS Program to maintain their skills.

Other information

Audit of CPD records

ACRRM is required to audit 5% of participant records each year.

You should retain records of your CPD activity for audit purposes. You are required by the Medical Board of Australia to retain your records for five years.

If selected for a random audit, ACRRM staff may request evidence if not uploaded to your CPD portfolio and all Life support and Maintenance of Professional Standards (MOPS) activities will be reviewed by the CPD Team before credits are allocated.

You can choose to store your evidence with each individual activity in your CPD portfolio or in a separate location, but if you do so you will need to produce it if you are selected for audit by the College. Ahpra may also choose to audit your CPD records, so it is important that you can produce evidence for your CPD activities on request.

Acceptable evidence

If you attend a structured course (either face-to-face or online), a certificate of attendance/completion is preferred, but if this is not available you may provide written confirmation of attendance from the education provider or your reflective notes. Certificates of attendance are mandatory for Life Support.

The College recognises that for some practice-based activities, such as peer discussions, practice analytics, clinical audits, review of medical records etc., it is more practical to provide your reflective notes or a summary of the activity results as evidence of having completed the activity.

Reflective notes should document the key learnings from the activity and any changes to practice that you have planned or implemented because of the duration. If you have made changes to your practice and measured your outcomes, you could also document the impact of those changes. If you found links to other learning resources during the activity, you might like to include them in the reflective notes field to refer to later.

Your portfolio should be a useful reflective resource, as well as a place to document your activity and store your evidence.

Example of reflective notes

- What were the main topics covered?
- What were the key learnings?
- Was this activity relevant to your practice?
- Why/Why not?
- Will you change your practice because of this activity, and if so, how?
- Are there any barriers to implementing changes to practice, and if so, how will you overcome these?
- Are there further topics that you will pursue because of this education?

Requesting an Exemption or Extension for CPD Compliance

Members of the CPD Home program who have, or who anticipate that they will have, difficulty meeting the CPD requirements may apply for a full or partial exemption from compliance for a period of 6 to 12 months. It is also possible to request an extension of the final compliance date for annual CPD completion.

Applications are to be submitted in writing to the Censor in Chief by completing an application form 'Apply for Exemption' which is available upon request.

An exemption from participation in the CPD program, or an extension of final annual compliance date may be granted to a participant who meets one or more of the following criteria:

- Bereavement following the death of an immediate family member
- Extended family/personal leave
- Parental leave/Carer's Leave
- Health reasons
- Reasons related to cultural responsibilities
- Extended absence from professional duties
- Other special circumstances

An application for exemption/extension will be considered and determined by the Censor in Chief.

Applicant information is treated as private and confidential. Please note appropriate documentation will need to be provided to support the application, such as a copy of a leave application or medical certificate.

Exemptions are considered on a case-by-case basis and may be approved for a maximum period of one year.

The Censor in Chief may approve a pro-rata exemption and set a reduced minimum requirement for an applicant whose criterion for exemption resolves or is for less than one year.

In granting exemptions, consideration will be given to ensuring all participants' continued competency to provide safe and quality medical care in accordance with their registration status.

An applicant may lodge an appeal against the decision of the Censor in Chief through the processes outlined in the College Reconsideration, Review and Appeal policy.

Please contact the CPD team at cpd@acrrm.org.au for more information.

Communicating change

Significant changes to the ACRRM CPD Program will be advised to CPD Home Essentials and CPD Home participants a minimum of 6 months in advance of implementation.

Participants will be notified of these changes through the CPD Home Platform, CPD Newsletter and also by email correspondence. CPD Home members may also receive change notifications via Connect@ACRRM.

Patient Information and CPD

It is important to note that you should never log any patient details in your PD portfolio. For activities where you have reviewed medical records and audited data, please just submit an overview of the activity and a summary of the results.
Do not submit any identifiable patient data. It is your responsibility to ensure any evidence uploaded to ACRRM does not include identifiable patient information.

CPD Record Storage, Retention and Disposal

The protection of your privacy and the confidentiality of your personal information is important to the Australian College of Rural and Remote Medicine.

The College is bound by the Privacy Act 1988 (Cth) ("the Privacy Act") and the Australian Privacy Principles contained within the Privacy Act, which regulate how organisations may collect, store, use and disclose personal information, and how individuals may access and correct information held about them.

Storage

Your CPD records will be stored in accordance with our Privacy Policy.

We store your personal information in both electronic IT systems as well as paper files.
The College uses secure third-party data storage facilities and services to manage this data. Information that we collect relating to your CPD activities is kept confidential and will only be accessed by authorised persons within the College and authorised representatives unless advised otherwise. We maintain physical security (such as locks and security systems) and electronic security (such as firewalls and access controls for computer systems).

Retention

We will only collect and retain information from you that is reasonably necessary for or directly related to undertaking our CPD business, activities and functions. The types of information that we will collect will depend on the CPD products, benefits and services you have asked us to provide.

We will not collect, use or disclose information about you unless it is reasonably necessary to provide you with a CPD product or service, unless we are legally required or permitted to collect, use or disclose that information.

Archiving and retrieving data

You are entitled to have access to any personal information relating to you which you have previously supplied to us. You are entitled to edit or delete such information unless we are required by law to retain it or permitted to retain it in accordance with this Privacy Policy or our CPD requirements. If you request it, we will provide you a summary of any personal information held about you in accordance with our obligations under the Privacy Act.

Disposal of data

For the purposes of meeting legal and regulatory requirements, ACRRM may be required to reference CPD records at any time while a medical practitioner is practising or after they cease to practice. As a result, ACRRM retains CPD records indefinitely.

If you have any concerns about privacy, please contact us on 07 3105 8200 or email us at privacy@acrrm.org.au.

CPD Accreditation of External Activities

Accreditation of External Activities

To assist you in meeting your CPD compliance, a list of accredited courses is clearly displayed on our website with indication of the relevant CPD hours, category attribution, and requirements covered. Courses listed on this page have been assessed against ACRRM's accreditation criteria, which has been designed to meet or exceed the standard set out in the Professional Performance Framework, the Medical Board of Australia's CPD requirements, and the intent of the College's CPD criteria for improving clinical practice.

These criteria are:

- Does the educational activity help to update knowledge and skills, review performance and/ or measure outcomes?

- Does the activity relate to the intent of improving or maintaining clinical knowledge, skills, and confidence in relevant areas of Clinical or Professional Scopes of Practice and meets the appropriate principles and standards?

- Does the educational event/activity have clear, specific learning objectives?

- Are the planned educational strategies based on adult learning principles?

- Does the application show that some impact evaluation (changes in knowledge, skill, attitude, professional practice or patient outcome) is planned?

Any courses that appear on this page have been assessed by the ACRRM CPD Accreditations team. Education Providers must first undergo a registration process via the ACRRM website. Once accepted as an approved Educational Provider, each individual course is submitted for assessment by our accreditation team against the above criteria before being deemed suitable.

This supports participants in reviewing, planning, undertaking, and recording their CPD activities in their CPD portfolio.

When you attend an ACRRM accredited course by an external provider, please provide your seven-digit member number and request that the provider reports to ACRRM to ensure that the activity is recorded for you.

Deciding if it is Educational Activity

Educational activities:

Conferences, workshops, scientific meetings, courses, and seminars

CPD hours can be earned by attending medical education conferences, workshops, scientific meetings, and seminars. Evidence can include a certificate of attendance or reflective notes.

Skills simulator/practical training

Structured learning activities involving small-group, intensive practical training. These activities can include emergency and/or procedural skills training or other workshops with scenario-based content.

Where there is a formal assessment of skills, these sessions can be claimed as performance review hours under the Assessment of skills simulator/practical training activity type

Teaching practice accreditation

Earn CPD hours by having your practice accredited as a teaching practice for registrars. ACRRM Fellows are encouraged to apply to have their practice accredited as a registrar training environment.

Contact training@acrrm.org.au for more information on practice standards and the accreditation process.

Educational visit

Visits to a practice by a respected peer, or expert in a particular field, for the purpose of delivering a specific, targeted lesson.

Co-ordinating and moderating clinical forum discussions

Members are awarded CPD hours for moderating clinical forum discussions, face-to-face or online.

Development of relevant educational programs

CPD hours can be claimed for developing professional standards that impact on the practice of peers and developing education programs relevant to rural or remote/clinical practice. This includes the development of or participation in ACRRM assessments.

Distance education modules

Distance Education Modules are long-distance activities that can be undertaken in real-time or at any time suitable to the practitioner. Examples might include webinars, online modules, online videos or podcasts.

Scientific presentation

CPD hours can be claimed for the presentation of a poster, paper, or workshop at a professional scientific or medical conference. Research and preparation time may also be claimed.

Claim in the educational activity category, unless your research for the presentation involved reviewing systems/performance (in which case claim in the performance review category) or reflecting on clinical outcomes (in which case claim in the outcome measurement category).

Self-directed learning

Examples of self-directed learning activities include reading journals and books, listening and watching educational podcasts or videos, using computer learning programs, reviewing scientific articles, or undertaking self-assessment modules.

Supervision of registrars

A supervisor is the doctor responsible for the day-to-day performance of a registrar. Supervision involves providing monitoring, guidance, and feedback on matters of personal, professional, and educational development in the context of the doctor's care of patients.

This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations, in order to maximise patient safety. May be claimed in the performance review category if the supervision activity prompts reflection on your own practice and performance, evidenced by reflective notes.

Teaching programs: presenting/facilitating/instructing

Structured formal teaching/supervision of medical students organised through a university medical education program or delivering targeted education to peers.

This activity may also include the teaching of allied health workers in clinical settings such as emergency departments.

May be claimed in the performance review category if the teaching activity prompts reflection on your own practice and performance, evidenced by reflective notes.

University courses

Accredited courses relating to your clinical practice can include a Graduate Certificate, Graduate Diploma, Masters, and Doctorate. Evidence must include certification from your university.

Other educational activities

Any other educational activity not listed above that is relevant to your scope of practice. Please provide a detailed description when claiming CPD hours.

Deciding if it is performance review or outcome measurement?

Several activities in the framework can fit into either performance review or outcome measurement categories, depending on whether you are focusing on reviewing how you work or the clinical outcomes of your work. Since 2023, these two categories have been combined.

Performance review activities that focus on your work processes often include feedback from peers, co-workers, and patients. This can be in the form of peer review sessions, case-based discussions, multi-source feedback, patient feedback and workplace appraisals.

Activities that focus on patient outcomes are also an important part of the ACRRM program, including clinical audits, review of medical records, using practice software to analyse patient data etc.

Performance Review

Multi-Source Feedback

Multi-Source Feedback (MSF) is the process by which groups of individuals (colleagues, co-workers, and patients) complete a survey to provide feedback on an individual doctor's performance.

The doctor also completes a self-evaluation exercise and reflects on the results from all groups to identify areas for possible improvement.

Comparative results from peers may also be provided along with externally facilitated feedback, to inform the reflective process.

Patient feedback

Responding to patient feedback is useful in confirming the patient-centred nature of healthcare and improving patient outcomes. Processes and ideas for collecting and reflecting on patient feedback are available in the CPD Home resources, including a sample patient letter and survey.

Where the feedback has led you to measure your clinical outcomes, this activity can also be claimed in the outcome measurement category.

Observation of clinical practice (peer review)

Structured one-on-one peer review activity by a peer of your choice, either face-to-face or by video. After an initial discussion with the reviewer on the scope of practice, learning needs and any specific requests for focused feedback, the reviewer observes consultations (with the patient's consent) and provides feedback for reflection and discussion between the reviewer and the peer.

This activity can also be claimed in the Outcome measurement category if you have implemented changes as a result of the activity and re-evaluated your clinical outcomes.

Case-based discussion (peer review)

Either one-on-one or in a small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision-making.

Cases can be discussed face to face or via distance education options including video conferencing and social media.

Case-based discussion can also be claimed in the outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Case studies

Case studies are similar to case-based discussions but rather than the practitioner presenting their own case and discussing the outcome with colleagues, external cases may be reviewed. Where this prompts reflection on your own work practices, hours can be claimed in the performance review category.

This activity can also be claimed in the Outcome measurement category, where the case study has prompted changes to practice which can then be evaluated.

Publications

Publishing relevant original work in a book or a peer-reviewed article e.g., original research paper, quality improvement report, short report, letters to the editor, etc. Other publications such as non-peer-reviewed articles may also be claimed. Where research for the publication involves performance review, hours can be claimed in this category. May also be claimed in the Outcome measurement category if the activity involved the evaluation of your clinical outcomes.

Scientific presentation

Where research for your scientific presentation involves reviewing systems/performance, hours can be claimed in the performance review category, evidenced by reflective notes.

Practice accreditation

The principles of peer review are applied throughout the practice accreditation process:

- practice staff assess their performance against a set of standards
- practice improvements are identified
- determine the timeframe to make changes to the practice structure and services
- trained peer assessors are invited to assess the practice against the standards.

Outline your involvement in the accreditation process in your CPD portfolio and provide a copy of your practice accreditation certificate as evidence.

Hours spent reviewing systems and processes can be claimed as performance review and hours spent on measuring clinical outcomes can be claimed in the outcome measurement category.

Clinical teaching visit

A formal clinical teaching visit by ACRRM Fellows which includes the provision of formal reports regarding the progress of general practice training candidates.

Formal workplace performance appraisal

Claim CPD hours for time spent preparing, participating in, and reflecting on a formal workplace performance appraisal. The intention is to recognise the value in performance appraisal activities that members may already be completing for their employers and avoid unnecessary duplication of activity.

Assessment of skills/simulator/ practical training

While skills/simulator/practical training is considered an educational activity, the formal assessment component of structured learning activities involving small-group, intensive practical training provides an opportunity to review individual performance and can be claimed as performance review hours.

Clinical attachment

This is a period of attachment in another clinical setting involving hands-on clinical practice with the aim of learning or updating specific skills or areas of knowledge.

A clinical attachment must include:

- Specific learning objectives
- Specific learning activities
- A clear process of monitoring the achievement of learning objectives
- Reflection on the outcome

All clinical attachments must be supervised and signed off by an appropriate senior clinician.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

This activity can be claimed as either a performance review or outcome measurement, depending on the focus of the activity.

Supervision of registrars (performance review)

Where supervision of registrars prompts reflection on the supervisor's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Teaching programs—presenting/ facilitating/instructing (performance review)

Where teaching, presenting, facilitating and instructing prompts reflection on the teacher's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Peer observation of teaching audit

Structured observation of your teaching practice by a colleague in order to provide feedback on your clinical teaching, identify any strengths and areas for improvement and explore different approaches to teaching in the future. This process can be completed remotely via video conference or other platforms as well as face-to-face. A guideline and templates for this activity can be accessed in the resources section of your CPD portfolio.

May also be claimed in the Outcome measurement category if the activity involved the evaluation of your clinical outcomes.

Best Practice Reflective Activity

This quality improvement activity can be undertaken in your own practice by researching the best practice for a particular presentation, comparing your own practice to that benchmark, and identifying possible improvements. Claim performance review hours for this part of the activity,

If you make changes to practice and re-evaluate your outcomes this can be claimed in the outcome measurement category. There is a guideline for undertaking this activity in the resources section of your CPD portfolio, plus a list of useful links.

PUNS and DENS

PUNS = patient unmet needs DENS = doctors educational needs

The PUNS and DENS activity identifies learning needs and service gaps to direct professional development and implement evidence-based improvements in practices and clinical services. PUNS & DENS are easy to assess and can be undertaken as an individual or clinical group activity. After each consult reflect and record in a log what could have been better for the patient and what improvements you could make.

Can be claimed in either the performance review or outcome measurement categories.

Medical record review (MRR)

Medical record reviews assess the quality of records and can highlight areas for improvement. Completing a review of medical records involves identifying goals and a timeframe, conducting a review, recording data, analysing data, and implementing required improvements. A guideline on how to complete MRR is available in the CPD portfolio.

Can be claimed in either the performance review or outcome measurement categories.

Maintain and reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Can be claimed in either the performance review or outcome measurement categories

Other performance review activities

Any other performance review activity not listed above that is relevant to your scope of practice. Please provide a detailed description when claiming CPD hours.

Outcome Measurement

Clinical audit

A clinical audit is a process that seeks to improve the quality of patient care and outcomes by measuring current practices against best practices and implementing changes if required. Data is collected to assess the care that the individual practitioner provides to establish if changes in practice are needed. An audit should be relevant to the practice, address specific questions, and be likely to provide useful findings.

1. Identify the standards against which the audit will be conducted
2. Data collection of current practice
3. Comparison of current practice against the standard
4. Implement changes if required
5. Evaluate the effectiveness of changes

Undertaking an audit can be a straightforward process using Plan, Do, Study, Act methodology and there is a clinical audit basics guideline available in your CPD portfolio, with audit examples for various practice types.

Practice accreditation

As practice accreditation involves elements of both performance review and outcome measurement.

It can be claimed in either or both categories by apportioning the total hours appropriately, to reflect what was done.

Outline your involvement in the accreditation process in your PD portfolio and provide a copy of your practice accreditation certificate as evidence.

Medical records review (MRR)

Medical record reviews assess the quality of records and can highlight areas for improvement. Completing a review of medical records involves identifying goals and a timeframe, conducting a review, recording data, analysing data, and implementing required improvements. A guideline on how to complete MRR is available in the CPD portfolio.

Can be claimed in either the performance review or outcome measurement categories.

Morbidity & mortality meeting

Morbidity and Mortality (M&M) meetings provide doctors with the opportunity to learn from clinical outcomes and improve health care in public and private practice. Meetings are held regularly and are a useful tool for improving the governance of patient safety. M&M meetings improve accountability around record keeping and support ongoing professional development with a view to improving processes for better patient outcomes.

Significant event analysis

Significant event analysis (SEA) is a quality improvement and learning tool used to reflect on patient safety incidents and identify ways in which systems can be improved to enhance future patient care. A SEA activity examines underlying systems and deals with weaknesses in those systems to improve patient care. It is used as a tool to reduce the risk of repeat instances. Information on the event is collated and discussed and processes are implemented as needed.

Changes are monitored going forward and revisited, as necessary. A guideline for how to conduct a SEA is available in the CPD portfolio.

Publications

Publishing relevant original work in a book or a peer-reviewed article e.g., original research paper, quality improvement report, short report, letters to the editor, etc. Other publications such as non-peer-reviewed articles may also be claimed. Where research for publication involves outcome measurement, hours can be claimed in this category.

Practice analytics

Practice software can be used to collect and analyse data for outcome measurement and practice improvement. A resource will be available in the CPD portfolio, highlighting the value of structured data and what tools are on offer and how to structure practice analytics to suit various needs.

Maintain and reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Scientific presentation

Where research for your scientific presentation involved reflecting on clinical outcomes, CPD hours can be claimed in the outcome measurement category, evidenced by reflective notes.

Patient feedback

Responding to patient feedback is useful in confirming the patient-centred nature of healthcare and improving patient outcomes. Processes and ideas for collecting and reflecting on patient feedback are available in the CPD portfolio, including a sample patient letter and survey.

Can be claimed in either the performance review or outcome measurement categories.

Observation of clinical practice (peer review)

Structured one-on-one peer review activity by a peer of your choice, either face-to-face or by video. After an initial discussion with the reviewer on the scope of practice, learning needs and any specific requests for focused feedback, the reviewer observes consultations (with the patient's consent) and provides feedback for reflection and discussion between the reviewer and the peer. This activity can be claimed in the Outcome measurement category if you have implemented changes because of the activity and re-evaluated your clinical outcomes.

Case-based discussion (peer review)

Either one-on-one or in a small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision-making. Cases can be discussed face-to-face or via distance education options including a video link and social media.

Case-based discussion can be claimed in the Outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Case studies

Case studies are like case-based discussions but rather than the practitioner presenting their own case and discussing the outcome with colleagues, external cases may be reviewed.

This activity can be claimed in the outcome measurement category, where the case study has prompted changes to practice which can then be evaluated.

Best Practice Reflective Activity

This quality improvement activity can be undertaken in your own practice by researching best practice for a particular presentation, comparing your own practice to that benchmark, and identifying improvements.

If you make changes to practice and re-evaluate your outcomes this can be claimed in the Outcome measurement category. There is a guideline for undertaking this activity in the resources section of your CPD portfolio, plus a list of useful links.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

Can be claimed in either performance review or outcome measurement categories.

Peer observation of teaching audit

Structured observation of your teaching practice by a colleague to provide feedback on your clinical teaching, identify any strengths and areas for improvement and to explore different approaches to teaching in the future. This process can be completed remotely via video conference or other platforms as well as face-to-face. A guideline and templates for this activity can be accessed in your CPD portfolio.

Can be claimed in either performance review or outcome measurement categories.

PUNS and DENS

PUNS = patient unmet needs DENS = doctors educational needs

The PUNS and DENS activity identifies learning needs and service gaps to direct professional development and implement evidence-based improvements in practices and clinical services. PUNS & DENS are easy to assess and can be undertaken as an individual or clinical group activity. After each consult, reflect and record in a log what could have been better for the patient and what improvements you could make.

Can be claimed in either the performance review or outcome measurement categories.

Other outcome measurement activity

Any other outcome measurement activity not listed above that is relevant to your scope of practice.

Please provide a detailed description when claiming CPD hours.

Maintenance of Professional Standards (MOPS) Reporting

Requirements to be met every 3 years (except Anaesthesia). ACRRM MOPS requirements are:

Annual requirements

Anaesthesia (Annual)

6 hours of the following activities relevant to Anaesthesia:

- Patient survey
- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook

or;

2 Valid Clinical Skills Assessment Courses including Anaesthetic Emergency Response activities;

1. Management of 'Can't Intubate, Can't Oxygenate'
2. Management of anaphylaxis
3. Management of major haemorrhage**
4. Management of acute severe behavioural disturbance
5. Management of cardiac arrest*

* Minimum 6hrs each.

Suggested clinical skills courses:

- Rural Anaesthetic Crisis Management (RACM)
- Advanced Life Support Level 2 (ALS2)
- Pre-Hospital Emergency Care (PHEC)
- Emergency Management Anaesthetic Crisis (EMAC)

Or other ACRRM accredited Anaesthetic skills focused course.

Emergency Medicine

6 hours of the following activities relevant to Emergency Medicine:

- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook

or;

2 Valid Clinical Skills Assessment Courses in Emergency Medicine.

Suggested clinical skills courses:

- Advanced Life Support Level 2 (ALS2)
- Rural Emergency Skills Training (REST)
- Pre-Hospital Emergency Care (PHEC)
- Rural Anaesthetic Crisis Management (RACM)
- Rural Emergency Obstetric Training (REOT)

Or other ACRRM accredited Emergency skills focused course

* Minimum 6hrs each.

Obstetrics and Gynaecology

6 hours of the following activities relevant to Obstetrics and Gynaecology:

- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook

or;

2 Valid Clinical Skills Assessment Courses in Obstetrics and Gynaecology.

Suggested clinical skills courses:

- Advanced Life Support Level 2 (ALS2)
- Rural Emergency Obstetric Training (REOT)
- Practical Obstetric Multi-Professional Training (PROMPT)

Or other ACRRM accredited Obstetrics and Gynaecology skills focused course.

* Minimum 6hrs each.

Surgery

6 hours of the following activities relevant to Surgery:

- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Maintain and reflect on procedural logbook

or;

2 Valid Clinical Skills Assessment Courses in Surgery

Suggested clinical skills courses:

- Advanced Life Support Level 2 (ALS2)
- Rural Emergency Skills Training (REST)
- Emergency Management of Severe Trauma (EMST)

Or other ACRRM accredited Surgical skills focused course.

* Minimum 6hrs each.

2023-25 MOPS requirements

Focused Psychological Strategies (FPS ST) (2023-2025)

To maintain registration for Focused Psychological Strategies, GPs and/or RG's who have completed a Focused Psychological Strategies Skills Training (FPS ST) course are required to;

Complete 6-hour Focused Psychological Strategies Continuing Professional Development (FPS CPD) course every three years.

For more information, please visit the GPMHSC website.

Med. Acupuncture (2023-2025)

4 hours Reviewing Performance in medical acupuncture, such as:

- peer-group case-based discussion
- multisource feedback
- teaching medical students/GPs in training
- higher education/professional certification
- provider-led education activities that indicate this category

4 hours Measuring Outcomes in medical acupuncture, such as:

- an individual or group audit
- PDSA (plan, do, study, act)
- evidence-based medicine journal club (EBMJC)
- higher education/professional certification
- provider-led education activities that indicate this category

4 hours Educational Activity in medical acupuncture, such as:

- reading medical journals or web-based sources of acupuncture research articles
- self-directed learning
- attending lectures, conferences, and workshops in medical acupuncture
- attending webinars, seminars, and podcasts in medical acupuncture
- provider-led education activities that indicate this category

Radiology (2023-2025)

24 hours of the following activities:

- Successful completion of 3 blocks of 10 cases (30 cases) and their associated assessments in the ACRRM online 150 shades of Radiology module (12 hours)
- Completion of 15 film reviews, supervised and signed off by a Radiologist (12 hours)
- 2 x 6hr Formal Skills Assessment Course in radiology and/or ultrasound courses with hands-on practical training (12 hours)

Other 'Recommended' AST MOPS

Although there are presently no obligatory reporting mandates for clinicians possessing the below listed Advanced Specialised Training (AST's), the College has presented them as a valuable reference to fortify your annual PD Plan.

The recommended yearly activities are designed to align with procedural skill prerequisites and are poised to assist in meeting your professional practice credentialing requirements. By integrating these activities into your PD Plan, you not only enhance your skills in alignment with your specific AST but also proactively contribute to the fulfillment of your professional practice credentialing obligations.

This strategic approach underscores the College's commitment to providing a supportive framework that facilitates your continuous professional growth and development.

Aboriginal and Torres Strait Islander Health

6 hours of the following activities relevant to Aboriginal and Torres Strait Islander Health

- Clinical attachment in a Remote Community
- Patient survey
- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)

or;

2 Valid Clinical Skills Assessment Courses in Aboriginal and Torres Strait Islander Health.

Suggested clinical skills courses:

- Cultural Awareness module
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Approach to Care courses
- Introduction to Population Health
- Rural Sexual Health courses
- Alcohol and Other Drugs courses
- Rural Doctors Family and Domestic Violence Education Package

Academic Practice (2023-2025)

6 hours of the following activities relevant to Academic Practice

- Supervision of Registrars
- Peer Review of Teaching
- Published Peer Reviewed Journal Article
- Research Project

or;

Current enrolment in Masters or PhD Thesis development, or;

12 hours conferences focusing on training, teaching, or academic supervision

Adult Internal Medicine

6 hours of the following activities relevant to internal Medicine

- Patient survey
- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)

or;

2 Valid Clinical Skills Assessment Courses in Adult Internal Medicine

Suggested course/focus

- Advanced Life Support 2
- Rural Emergency Skills Training
- Emergency Life Support
- Advanced & Complex Medical
- Emergencies
- Exercise stress testing
- Holter monitoring
- Ultrasound
- Endoscopy

* Minimum 6hrs each

Mental Health

6 hours of the following activities relevant to Mental Health

- Clinical Placement in a mental health service
- Community-based care/placement in an addiction medicine service.
- Clinical Audit
- Case-based Discussions

or;

2 Valid Clinical Skills Assessment Courses in Mental Health

Suggested Courses

- Advanced Life Support 2
- Mental Health Disorders Training
- Youth Mental Health
- Mental Health First Aid

* Minimum 6hrs each

Mental Health Skills Training (MHST)

To continue accessing relevant MBS Item numbers, GPs who have completed a GPMHSC accredited Mental Health Skills Training* course since 1 July 2001 and are registered with Medicare, are:

- not required to repeat this training, and are
- not required to complete a mental health continuing professional development activity (MH CPD).

However, the GPMHSC strongly recommends that GPs undertake Mental Health Continuing Professional Development (MH CPD) to maintain their mental health skills.

*   *Note: MHST was previously known as Level 1 mental health skills training.*

Paediatrics

6 hours of the following activities relevant to Paediatrics

- Clinical Attachment (paediatric acute care, community, or child psychiatry)
- Clinical Audit
- Case Based Discussion (peer review)
- Clinical attachment
- Multi-source feedback (MSF)

or;

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Paediatrics

Suggested courses

- Paediatric Advanced Life Support (PALS)
- Paediatric Emergency Medicine (PEM)
- Pead EM
- Child Mental Health
- Advanced Paediatric Life Support (APLS) course
- Neonatal resuscitation course and
- Child protection course

* Minimum 6hrs each

Palliative Care

6 hours of the following activities relevant to Palliative Care

- Clinical Attachment ideally in inpatient, outpatient, and community-based palliative care
- Clinical Audit
- Case Based Discussion

or;

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Palliative Care:

Suggested courses

- Palliative Care - A doctor's bag
- Palliative care - choose your own journey
- Program of Experience in the Palliative Approach

* Minimum 6hrs each

Population Health

6 hours of the following activities relevant to population health

- Patient survey
- Clinical audit
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Research Paper
- Research project

or;

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Population Health

Suggested courses

- Introduction to Population Health
- Approach to Care courses
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Digital Health Rural Australia-Better Health, Easier to Deliver
- Alcohol and other Drugs courses
- Rural Doctors Family and Domestic Violence Education Package
- Rural Sexual Health 1, 2 & 3
- Q Fever-Early Diagnosis and Vaccination
- Tuberculosis in Australia
- Yellow Fever Vaccination Course

* Minimum 6hrs each

Remote Medicine

6 hours of the following activities relevant to Remote Medicine

- Case Based Discussion
- Clinical Attachment in a MM 6-7 location or MM 5
- Clinical Audit

or;

2 Valid Clinical Skills Assessment Courses in Remote Medicine (6 hours each)

Suggested courses

- Advanced Life Support 2 (ALS2)
- PreHospital emergency Care (PHEC)
- Rural Emergency Skills Training (REST)
- Rural Emerg
- Rural Anaesthetic Crisis Management (RACM)
- Retrieval Medicine Basic and Advanced
- Alcohol and Other Drugs - Driving Change in the Community
- Approach to Care
- Introduction to Population Health
- Effective Communications Skills
- Digital Health Rural Australia - Better Health, Easier to Deliver
- eHealth Module 1, 2 & 3
- Remote Population Health
- ATSI Health

* Minimum 6hrs each
*Accredited Clinical Skills Courses are valid for 3 years

If you would like to add or change your MOPS requirements, please contact the CPD team on cpd@acrrm.org.au.

Matrix of Activities

| M | Eligible for MOPS | m | May be eligible for MOPS |

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Advanced Life Support	✔ Didactic component	✔ (skills assessment component)		M
Basic Life Support		✔ (skills assessment component)		M
Conferences, workshops, scientific meetings, courses and seminars	✔			m
Skills/simulator/practical training	✔			
Teaching Practice Accreditation	✔			
Educational visit	✔			
Co-ordinating and moderating clinical forum discussions	✔			
Development of Relevant Educational Programs	✔			
Distance-based education modules	✔			m
Scientific presentation	✔	✔	✔	
Self-directed learning	✔			
Supervision of registrars	✔	✔		
Teaching Programs—Presenting/Facilitating/Instructing	✔	✔		
University courses	✔			
Other educational activity	✔			

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Multi-source Feedback		✓		M
Patient Feedback		✓	✓	
Observation of clinical practice (peer review)		✓	✓	M
Case based discussion (peer review)		✓	✓	M
Case studies		✓	✓	
Publications		✓	✓	
Practice accreditation		✓	✓	
Clinical Teaching Visit		✓		
Formal workplace performance appraisal		✓		
Assessment of Skills/simulator/practical training		✓		M
Clinical attachment		✓		M
Locum Improvement Tool		✓	✓	M
Peer Observation of Teaching Audit		✓	✓	
Other performance review activity		✓		
Best Practice Reflective activity		✓	✓	
PUNS and DENS		✓	✓	
Clinical audit			✓	M
Review of medical records		✓	✓	
Morbidity & Mortality meetings			✓	
Significant Event Analysis			✓	
Practice analytics			✓	
Maintain and reflect on procedural logbook		✓	✓	M
Other outcome measurement activity			✓	