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Preface

The Royal New Zealand College of General Practitioners (‘the College’) is pleased to present the continuing professional development programme requirements for the period 2014–2017. We have simplified the reporting requirements for this period, taking into account feedback received from the membership survey in 2012.

Key changes for this period are the following:

- There is an increased recognition that different activities may suit different learning styles and serve different purposes. A greater range of learning activities are now recognised, provided that these activities are directed towards achieving learning goals – this may include reading and activities taken to address immediate learning needs (scanning).
- There is a stronger focus on reflection and on self-directed learning activities.
- There is a closer alignment of MOPS reporting dates and practising certificate dates.
- There are clear and transparent processes for dealing with non-compliance, and a closer monitoring and support process for non-performers.
- The clinical audit / CQI has been renamed ‘audit of medical practice’ in line with Medical Council of New Zealand (MCNZ) requirements.
- A requirement for a minimum number of credits relevant to cultural competence and/or Māori health has been introduced in line with MCNZ requirements and the College’s Māori strategy.
- There are fewer subcategories for reporting on the online system.

We are grateful for the feedback provided by members and hope that you find the requirements of this triennium programme to be clear and achievable.
Introduction

This document sets out the College’s continuing professional development (CPD) requirements for the years 2014–2017.

The programme is designed to enable general practitioners and registrars (‘doctors’) to comply with the recertification requirements for medical practitioners set by the MCNZ and required in terms of the Health Practitioners Competence Assurance Act (2003, Part 3, Section 41).

The programme provides a means for doctors to report their CPD activities in the categories required by the MCNZ. In terms of these requirements, doctors must ensure that they are continuing their education and keeping up to date in their knowledge, reviewing and improving the quality of their practice, and remaining engaged in a network of professional support.

The goal of the College’s CPD programme is to contribute towards maintaining and improving the quality of general practice in New Zealand through encouraging meaningful professional development that results in improved patient care. The programme aims to:

• enable doctors to meet MCNZ recertification requirements
• promote enhanced and improved health outcomes, patient care and safety
• encourage self-directed, planned learning and reflection on learning activities through all competence domains of general practice
• promote good pedagogical practice in all educational activities
• acknowledge the range of New Zealand general practice and provide support for specific groups, including locums, in meeting their CPD requirements.

This book provides the regulations and requirements for both the triennium CPD programme (MOPS), and the annual programme (CPD online).
# Overview

The triennium CPD programme (MOPS) requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Credits allocated</th>
<th>Minimum credits per triennium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional development plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To claim credits, this plan must be reviewed by a peer group or colleague</td>
<td>2 per year</td>
<td>6</td>
</tr>
<tr>
<td><strong>Audit of medical practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(clinical audit and quality improvement activities)</td>
<td>10 per audit cycle</td>
<td>30</td>
</tr>
<tr>
<td><strong>Peer review activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General peer review activities</td>
<td>1 credit per learning hour</td>
<td>30</td>
</tr>
<tr>
<td><strong>Continuing medical education (CME)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General CME activities, including endorsed activities, collegial activities and teaching, research, postgraduate study and practice improvement activities</td>
<td>1 credit per learning hour</td>
<td>45</td>
</tr>
<tr>
<td>‣ Individually planned learning (any learning activities undertaken that contribute to learning goals, including self-designed activities such as reading, scanning and participation in other non-endorsed activities)</td>
<td>1 credit per learning hour</td>
<td>45</td>
</tr>
<tr>
<td><strong>Resuscitation skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Cardiac Life Support course (ACLS)</td>
<td>Participation in a minimum level 5 course every three years, for which 8 credits can be claimed. If a level 7 course is undertaken, 12 credits can be claimed</td>
<td>8</td>
</tr>
<tr>
<td><strong>Cultural competence</strong></td>
<td>1 credit per hour of any appropriate activity</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>150 (all minimum credits above, plus 29 in any category)</td>
</tr>
</tbody>
</table>

(Category definitions and explanations can be found in Part 2 of this book.)

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1 The exception to this rule is the credits assigned for Regular Practice Review (RPR; 20 credits for both reviewer and reviewee).
2 The exception to this rule is for points allocated for university certificates, diplomas and degrees (150 credits for a 15-point paper and 300 credits for a 30-point paper) and RPR, for which 58 credits can be claimed by the reviewee and 30 by the reviewer.
3 Participants in ACLS courses such as PRIME which are longer than one full day may claim credits on a per education hour basis, to a maximum of 40 credits per course.
The annual CPD programme (CPD Online) requirements

<table>
<thead>
<tr>
<th>Professional development plan</th>
<th>Credits allocated</th>
<th>Minimum credits per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>To claim credits, this plan must be reviewed by a peer group or colleague</td>
<td>2 per year</td>
<td>2</td>
</tr>
</tbody>
</table>

| Audit of medical practice (clinical audit / quality improvement activities) | 10 per audit cycle | 10 |

| Peer review activities | General peer review activities | 1 credit per learning hour \(^4\) | 10 |

<table>
<thead>
<tr>
<th>Continuing medical education (CME)</th>
<th></th>
<th>15 of which it is recommended that at least 5 relate to the achievement of individual learning goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>General CME activities, including endorsed activities, self-accredited events, reading, scanning, collegial activities, teaching activities and practice improvement activities</td>
<td>1 credit per learning hour (^4)</td>
<td></td>
</tr>
<tr>
<td>Planned learning (any learning activities undertaken, including self-designed activities, that contribute to learning goals)</td>
<td>1 credit per learning hour</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resuscitation skills</th>
<th>Advanced Cardiac Life Support course (ACLS)</th>
<th>Minimum level 5 course every three years for which 8 credits can be claimed</th>
<th>No annual minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a level 7 course is undertaken, 12 credits can be claimed (^5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Cultural competence | 1 credit per hour of any appropriate activity | 1 |

| Collegial relationship (for those doctors who have not yet attained vocational registration) | 1 credit per hour | 8 |

| TOTAL | | 50 (above plus 12 credits in any category) |

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4 The exception to this rule is the credits assigned for Regular Practice Review (RPR; 20 credits for both reviewer and reviewee).

5 The exception to this rule is for points allocated for university certificates, diplomas and degrees (150 credits for a 15-point paper and 300 credits for a 30-point paper) and RPR, for which 58 credits can be claimed by the reviewee and 30 by the reviewer.

6 Participants in resuscitation skills courses longer than one full day may claim credits on a per education hour basis, to a maximum of 40 credits per course.
Part 1: Regulations

Purpose of the programme

Recertification is the mechanism used by the MCNZ in terms of the authority established for it under the Health Practitioners Competence Assurance Act (2003) to ensure that health practitioners are competent and fit to practise. In order to recertify and be granted an annual practising certificate, a doctor is required to undertake a minimum number of hours of CPD activities. These activities should ensure that the doctor remains up to date, continually improves their practice and maintains their professional connections.

The purpose of the College’s CPD programme is to provide a means to enable doctors to log the activities they have undertaken to comply with the CPD requirements for recertification by the MCNZ.

Programme participation

Any doctor who holds an annual practising certificate from the MCNZ is required to report their CPD activities. The College’s CPD programme is the reporting route for doctors who have, or are in training towards, vocational registration in general practice. The College runs two main programme routes for CPD reporting: a triennium programme (MOPS) and an annual programme (CPD Online), as well as some variations on these programme routes.

Who does the triennium programme apply to?

This programme applies to all vocationally registered Fellows of the College who are reporting their CPD normally and who have continued to meet their CPD requirements. The advantage of the triennium programme is that it allows doctors to spread their activities over the three years of the triennium. If fewer activities are undertaken in any particular year (for example, due to a short break from practice) the activities required can be made up in the remaining years of the triennium.

Who does the annual programme apply to?

This programme applies to all doctors who do not yet have vocational registration (for example, doctors in the training programme who have completed their formal requirements but not yet attained Fellowship; and doctors on the provisional vocational scope), those who are on special programmes to return to practice or regain their vocational registration; and those who, whilst registered for the triennium programme, have not managed to successfully complete all of the triennium programme requirements. The annual programme may also, at the determination of the College, be used in other special cases.

Specific recertification requirements

Some doctors may have specific recertification requirements, either as a condition on their practising certificate (for example, doctors returning to practice after a prolonged break), or because of a specific area of practice or advanced competency (such as appearance medicine). These requirements may either be additional to your ordinary CPD requirements (such as a practice visit), or may specify the content area of the CPD requirements (such as clinical audit activities in a special interest area).
Where this is the case, you will be informed of these requirements by your CPD coordinator. It is your professional responsibility to ensure that you are aware of, and complying with, any specific requirements that may apply to you.

Note that doctors who are practising procedures that are out of the scope of general practice are required to maintain a collegial relationship with an appropriately qualified doctor around these procedures. The College should be informed of these arrangements.

**Doctors registered in the non-clinical scope**

Doctors who are registered with the MCNZ as practising in the non-clinical scope of vocational general practice should undertake professional development activities in their own area of practice. The CPD requirements for non-clinical doctors are the same as those for doctors in the clinical scope, except that peer review activities, although recommended, are not compulsory for doctors in the non-clinical scope. The total programme requirement remains at 150 credits per triennium. (Note that non-clinical doctors may choose not to use the College route for reporting their CPD; however, you must contact the MCNZ for further advice regarding your reporting options.)

**Doctors practising in a restricted area of general practice**

All doctors are required to keep up to date with developments in any field in which they are practising.

If you are practising in a restricted area of general practice, you need to ensure that your CPD activities are in an area that is relevant to your practice. This should include appropriate peer review and audit activities.

If you choose to limit your practice to a special area, you need to ensure that your knowledge of the full scope of general practice is up to date before returning to general practice position. If you have been out of general practice for a significant period of time, we recommend you contact the College for advice regarding an appropriate plan for re-entry to general practice.

**Joint Fellowship with RACGP**

Doctors practising in Australia and who hold reciprocal Fellowship with the Royal Australian College of General Practitioners (RACGP) will report their CPD to the RACGP whilst working full-time in Australia. However, if you are intending to hold a New Zealand practising certificate and to practise in New Zealand for any portion of the year, you will need to report your CPD to both Colleges. All activities endorsed by the RACGP for their CPD programme are recognised by the College, and can be claimed as endorsed activities; however, New Zealand CPD requirements include compulsory peer review and audit of medical practice components, which are optional in the CPD programme in Australia.

**Doctors with vocational registration in two scopes**

If you have vocational registration in two scopes and are unsure of your reporting requirements, please contact the College. These requirements will differ depending on the scopes in which you have vocational registration.
Entering the MOPS programme

The College’s CPD programmes (MOPS and CPD Online) are available to all doctors who are eligible to report their CPD through the College. This includes all vocationally registered Fellows of the College, and all doctors in the training programme who are working towards Fellowship.\(^7\)

The College’s CPD programme is also available for doctors who are vocationally registered in general practice and who do not wish to be members of the College. Special rates apply.

New Fellows of the College will be entered to the CPD programme on attaining their Fellowship. Depending on when you join the programme, programme requirements may be calculated on a pro rata basis. You will be required to confirm that you have been granted vocational registration by the MCNZ to continue reporting through the College.

Placing your programme on hold

**Doctors who take a short period of time out from general practice (e.g. maternity leave, short career break due to illness or family circumstances)**

Doctors who are planning a short break from practice do not need to inform the College of their break from practice. There is no reduction of the CPD requirements in this case. Any shortfall in the amount of CPD undertaken should be made up in the course of the triennium or annum (depending on the CPD programme for which the doctor is registered).

**Doctors who take a period of time out from general practice, or general practice in New Zealand, of between one and three years**

If you are planning an absence from practice in New Zealand for a period longer than a year, you should inform the MCNZ of your intention. If you do not intend to hold a practising certificate in that time, you are not required to report your CPD, and can put your CPD programme on hold.

On your return to work, you will need to contact the MCNZ to regain your practising certificate and the College to reactivate your CPD programme. CPD activities and reporting are resumed on a normal basis on return to work, and requirements for the triennium will be reduced on an annual pro rata basis.

**Doctors who take a period of time out of general practice, or practice in New Zealand, that is longer than three years**

Doctors who wish to return to practice, return to practice in New Zealand, or return to the clinical scope of general practice, following a period of time away that is longer than three years will need to submit an application to the MCNZ. You will be required to provide information and documentation regarding your activities during your time. Depending on your individual situation, conditions may be set on any practising certificate issued. These conditions may include a period of supervision.

If your time away from practice in New Zealand began before 2004, you may have lost your vocational registration with the MCNZ. You will need to apply to the MCNZ for restoration of your vocational scope and will need to re-join the College’s CPD programme.

**Health issues**

You must notify the MCNZ if you have health issues that affect your ability to work.

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\(^7\) Doctors who do not have vocational registration and are not in the training programme are required to report their CPD through bpac\(^nz\). Please contact the College or the MCNZ if you are unsure of your requirements.
The CPD reporting year ends (and the new reporting year begins) two months prior to the practising certificate renewal date for all CPD groups. All activities undertaken within the reporting year must be entered to the system before the practising certificate renewal date.

<table>
<thead>
<tr>
<th>If your birthday is:</th>
<th>You are in group:</th>
<th>Your MCNZ practising certificate renewal date is:</th>
<th>Your CPD reporting year is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 June – 31 August</td>
<td>1</td>
<td>1 September</td>
<td>1 July – 30 June</td>
</tr>
<tr>
<td>1 September – 30 November</td>
<td>2</td>
<td>1 December</td>
<td>1 October – 30 September</td>
</tr>
<tr>
<td>1 December – end February</td>
<td>3</td>
<td>1 March</td>
<td>1 January – 31 December</td>
</tr>
<tr>
<td>1 March – 31 May</td>
<td>4</td>
<td>1 June</td>
<td>1 April – 31 March</td>
</tr>
</tbody>
</table>

No extension of time is given to undertake activities for a particular triennium period; however, doctors are able to add to activities previously reported for a period (for example, if they discover that some activity that was undertaken in that time period has not been entered) at any time.

### Recording activities

All CPD activities undertaken should be recorded on the College’s online MOPS or CPD Online page. Details of how to access the page and instructions for its use are available on the website and can be provided on request by your CPD coordinator.

Any doctor who is unable to access and use the online system can submit activity details in hardcopy format. Contact your CPD coordinator who will provide a set of forms for completion.

### Reporting reminders

You are encouraged to add your CPD activities to your online page on an ongoing basis. You should, at a minimum, add your activities on an annual basis at the end of your CPD reporting year (prior to your practising certificate renewal date). The College will send a reporting reminder to you two months before your practising certificate renewal date.

### Audits of CPD activities

All new participants in CPD programmes are audited at the end of their first year of participation. In addition, the College conducts a random audit of CPD activities on 10% of doctors per triennium (with no doctor selected in two consecutive triennia). Doctors will be asked to provide documentary proof of attendance at events and/or reflection on activities undertaken. The audit process may also focus on the quality of a doctor’s CPD portfolio and activities undertaken.

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8 The CPD reporting year dates have been adjusted for this triennium to be closer to practising certificate renewal dates.
The MCNZ conducts a 15% CPD compliance audit of all doctors in New Zealand annually. If you have indicated on your annual practising certificate application form that the MCNZ may contact the College (the ‘Branch Advisory Body’) about your participation in the College’s CPD programme, the audit request from the MCNZ will come directly to the College. If your audit response is unsatisfactory, the MCNZ is likely to repeat the audit of your CPD activities the following year, and may take further action.

**Process for non-compliance**

In order to hold a current practising certificate, doctors are legally required to comply in full with the requirements of the CPD programme. The process for doctors who do not comply with this requirement is as follows:

At the end of the triennium, doctors who have not met their triennium requirements will be placed onto an annual compliance programme. Doctors who fail to comply with audit requests, or who provide inadequate documentary evidence of activities, will similarly be placed onto the annual compliance programme. Requirements for the annual programme are the equivalent of one-third of the requirements for the triennium programme. Depending on the extent of lack of compliance with programme requirements, doctors on the annual compliance programme may be required to undertake a regular practice review visit at their own cost.

Progress on the annual programme will be monitored and support will be provided, where possible. Successful completion of this programme will result in a reversion to triennium programme reporting. Non-completion of the requirements for the annual compliance programme will result in a report to the MCNZ.

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9 In order to meet its obligations to the MCNZ as the Branch Advisory Body for General Practice, the College is obliged to have in place a clear and transparent process for dealing with non-compliance with programme requirements.
Part 2: Detailed programme requirements

A tabular overview of the programme requirements for the triennium programme and the annual programme is provided at the beginning of this book.\textsuperscript{10}

In summary, for the triennium programme, over the three years of the programme participants must:

- update their professional development plan annually
- complete three audits of their medical practice
- complete a minimum of 30 hours of peer review activity
- complete a minimum of 45 hours of continuing medical education activities
- update their resuscitation skills, and
- spend at least two hours on activities that are related to developing cultural competence, particularly Māori cultural competence, or contribute in a different manner to the development of Māori health.

Over the three years of the triennium, a minimum total of 150 hours must be spent on CPD activities.

Requirements for the annual programme are:

- Update the annual professional development plan
- Complete one clinical audit activity
- Complete a minimum of 10 hours of peer review activity
- Complete a minimum of 15 hours of continuing medical education activities
- Maintain the currency of resuscitation skills, through a certificate not more than three years
- Spend at least one hour on activities that are related to developing cultural competence, particularly Māori cultural competence, or contribute in a different manner to the development of Māori health
- For those doctors who have not yet attained vocational registration, a minimum of 8 hours of collegial relationship meetings per year.

A minimum of 50 hours must be spent on CPD activities over the course of the year.

Professional development plan

The professional development plan (PDP) has become a standard feature of professional recertification requirements internationally. The purpose of the plan is to encourage doctors to reflect on their own clinical practice and to ensure that they are undertaking professional development activities that are relevant to their own clinical practice and individual learning needs. Successful learning is more likely to result from participation in learning activities that are planned and individually relevant than from attendance at events that cover topics that are not of interest to you.

A professional development plan should take into account:

- professional development needs (over all of the domains of general practice: communication, clinical expertise, professionalism, scholarship and context of general practice)
- personal ambitions and goals

\textsuperscript{10} All forms and resources are available on the College website. A list of the evidence requirements for each section is provided at the back of the book.
• previous goals and whether or not these were achieved
• the practice environment and practice plans.

The plan should be achievable. We recommend that you set a maximum of six goals for the year. More goals can be added at a later stage if you find this useful. Discussion of your plans in peer groups is encouraged and can be claimed as peer review activities. Outcomes of these discussions can feed into practice or primary health organisation development plans, and could form the basis of provider planning for group educational activities for the next period.

It is not expected that the plan will cover all areas of your CPD activities. Not all learning activities can be planned in advance. However, it is important that you spend a small amount of time each year reflecting on your learning needs and planning your activities for the next period, so that at least some of the learning activities that you undertake each year are relevant specifically to you.

The format of the plan is not important and the ‘plan’ could consist, for example, of a series of bullet points or a reflective paragraph. However, a standard table format for planning purposes is provided on the website for those who wish to make use of it.

Requirements

The doctor’s professional development plan must be written and/or updated annually and should be discussed with a colleague or in a peer group.

The plan does not need to be mailed to your CPD coordinator unless you are under CPD audit, in which case it should be produced as evidence of CPD planning activity.

Resources to help you to plan your learning goals are available on the website.

PDPs as part of a cycle of reflection on professional development needs

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Audits of medical practice

The MCNZ definition of the audit of medical practice is ‘a systematic, critical analysis of the quality of the doctor’s own practice that is used to improve clinical care and/or health outcomes or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines’.

The PDSA cycle for conducting an audit of your medical practice

PDSA cycles—Plan, Do, Study, Act

The purpose of quality activity is to improve practice through making appropriate changes. PDSA cycles are a useful tool for this purpose, because the approach is simple and systematic. The process guides incremental and continuous change by identifying actions needed to close the gaps in care.

The approach

- can be applied to any aspect of care or service
- uses learning and reflection to understand the effect of care on outcomes
- guides process improvement to improve quality of life for patients
- works best if there is consideration of patients and whānau/families, or practice populations
- works best when the whole team is involved.

The criteria for conducting an audit of your medical practice are as follows:

1. The topic for the audit must relate to an area of your practice that may be improved.
2. The process must be feasible (in that there are sufficient resources to undertake the process).
3. An identified or generated standard must be used to measure current performance.
4. An appropriate written plan must be documented.
5. Outcomes of the audit must be documented and discussed (for example, in a peer group).
6. Where appropriate, an action plan must be developed that will identify and maximise the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and should include a process for monitoring.
7. Subsequent audit cycles should be planned, where required, so that the audit is part of a process of continuous quality improvement.

Audits may be self-designed or could be designed by a practice or primary health organisation (for example). However, the implications of the audit outcomes must be considered individually: each doctor involved in the activity must ask themselves how they can improve their own practice, based on the audit results received. The outcomes of all audit activities should be discussed with a colleague – you are encouraged to discuss these outcomes with your peer group or practice.

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12 These were previously called continuous quality improvement (CQI) or clinical audit activities. They have been renamed by the MCNZ.
13 Berwick, D. Institute for Healthcare Improvement, Boston, USA.
14 These criteria are set by the MCNZ.
Some pre-approved audit tools are available on the website. These include some tools which may be useful to doctors who are in locum positions.

- We recommend that one audit activity in each triennium involve patient feedback (tools available include patient experience and satisfaction surveys and critical event audits).
- We recommend that at least one audit activity in each triennium involves an examination of your individual patient records (this could be a full patient records survey, or may involve a subset of patients and a specific aspect of clinical care).
- We recommend that not more than one activity in any triennium be based on statistics produced through the practice management system or by the primary health organisation.

### Requirements

Doctors are required to undertake one audit in a year for the annual programme or three audits over the three years in the triennium programme.

All audit activities require pre-approval. If the audit that you wish to undertake is not already endorsed, the ‘Audit plan’ application form available on the website must be completed and sent through to your CPD coordinator. (The approval process will focus on whether the audit meets the criteria listed above.) All doctors must complete a summary sheet outlining the action plan that they intend to implement based on the audit results for each audit undertaken. This summary sheet is available on the website. It does not need to be mailed to your CPD coordinator, unless you are under CPD audit, in which case the summary sheet must be produced as evidence of audit activity.

Audit credits are allocated per cycle, where a cycle consists of undertaking an audit and making improvements. Each cycle of activity attracts 10 credits. Credits may not be claimed for three consecutive cycles of the same audit topic.

A list of College-designed and College-approved audits is available on the website.

### Peer review activities

The primary purpose of peer review is to provide a forum for constructive discussion and collegial support with the purpose of improving clinical care and patient outcomes. Peer review is defined by the MCNZ as ‘an evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It … can include any time when doctors are learning about their practice with colleagues.’

Peer review discussions:

- should be clinical
- should take place in an environment conducive to
  - the confidentiality of the patients being discussed
  - the privacy of the doctors whose work is being reviewed
  - mutual learning
  - professional support and collegiality.

The College recognises the following types of activity as peer review:

- attendance at (or e-participation in) College-registered peer group meetings
- individually-designed peer review sessions, such as one-on-one or mentoring sessions with another doctor, and locum hand-over meetings. These sessions should not be conducted with a close partner or spouse
- hospital mortality and morbidity meetings, or similar activities
- locum hand-over meetings that include case-based discussions
- review visits (these must have a clinical focus, such as regular practice review visits)
- colleague feedback (e.g. a multisource feedback or ‘360’ review)
- discussion of colleague professional development plans.
If you wish to register a new peer group, please contact the College. It is recommended that peer group size not exceed 12 members. Doctors practising in remote regions or those practising primarily as a locum and who battle to attend peer group meetings should consider joining a virtual online or teleconference group.

**Requirements**

Credits are allocated per hour of peer review activity.

Doctors are required to attend 10 hours per year of peer review sessions on the annual programme, or 30 hours over three years on the triennium programme.

Peer groups should be formally registered with the College. Other activities do not require pre-approval; however, if you are unsure whether your activity qualifies as a peer review activity, please contact your CPD coordinator for advice.

**Continuing medical education activities**

The MCNZ defines continuing medical education (CME) activities as ‘general educational activities which include attendance at relevant educational conferences, courses and workshops, and self-directed learning programmes’.

The College recognises a range of activities as appropriate for CME:

- **Endorsed activities** (including registered provider activity, College-endorsed events or conferences, events endorsed by the RACGP or the Royal Australian College of Rural and Remote Medicine, endorsed online and e-learning activities)
- **Collegial activities** (including teaching, supervision and work on general practice committees)
- **Research**
- **Postgraduate study** (university certificates, diplomas and degrees)
- **Practice improvement activities**
- **Practice accreditation visits** (such as CORNERSTONE and the teaching practice accreditation visit)
- **Individually planned learning** (any learning activities undertaken that contribute to learning goals, including clinical attachments, international conference attendance, and self-designed activities such as one-on-one learning sessions, reading activities, ‘scanning’ activities such as the use of UpToDate or DynaMed, and other non-endorsed web-based activities, such as viewing podcasts). A ‘learning reflection form’ must be completed in order to claim credits for any of these activities.

Credits can only be claimed for activities in which:

1. the content of the CME provided is relevant and useful to general practitioners in New Zealand.
2. the content of the programme is accurate, up to date, and based on evidence of best practice.
3. events offered meet the criteria set out in the College’s policy on ethics for CME provision, i.e.
   - CME sessions do not promote products, brands or incentives.
   - CME sessions give a balanced view of all therapeutic options available for good quality patient management.
   - CME sessions do not promote modes of treatment in areas of practice where accepted management standards are lacking and a balanced argument is not provided.

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15 College endorsement is a signal that quality criteria have been examined during the event endorsement application process. It is not a guarantee of quality, since the College has no control over the actual presentation. If you have any concerns regarding any events which have been endorsed, please contact the College.
CME sessions do not advocate for experimental treatments and methods that have not been fully evaluated by intervention research, nor for theories and techniques that are not supported by scientific evidence or generally accepted by the medical profession.

- there is no solicitation of patient referrals at CME sessions.
- CME sessions are governed by the principles of full transparency and disclosure of any conflicts of interest, including financial interests.
- any sponsorship of a CME session is publicly acknowledged and is at ‘arm’s length’ from the session content (with no influence on speaker or topics).

If you are intending to claim credits for CME activities that do not carry College endorsement, it is your responsibility to ensure that the activities for which you are claiming credits meet these criteria. You may be required to provide evidence of how the activity met these requirements if audited.

### Requirements

**Credits are allocated per learning hour of activity.**

Doctors are required to attend 15 hours per year of continuing medical education activities on the annual programme, or 45 hours over three years on the triennium programme.

It is recommended that at least five credits per year on the annual programme, or 15 credits over three years on the triennium programme should be gained through ‘planned learning’ activities. These are any activities (endorsed or self-designed, and including reading and consulting colleagues) that contribute towards meeting individual learning goals.

The ‘learning reflection form’ is available on the website. The website also contains a searchable list of events around the country that you may be interested in attending.

### Resuscitation skills

**Requirements**

All participants in the College’s CPD programmes are required to hold a current certificate (i.e. not more than three years old) in advanced cardiac life support (ACLS). This certificate must be obtained through a College-endorsed provider. The approved course must meet the New Zealand Resuscitation Council standards for resuscitation at level 5 or above. (Note that registrars undertaking Fellowship assessment must attend an assessed ACLS course at level 5 or above.) Although the minimum requirement is set at level 5, doctors are encouraged to train to the level appropriate to their situation.

Courses are normally expected to be a minimum of four hours duration for a level 5 course, six hours duration for an assessed level 5 course for Fellowship candidates or eight hours duration for a level 7 course (with expected reading preparation of four hours in all cases).

Eight credits are awarded for completion of a level 5 course, and 12 credits are awarded for completion of a level 7 course.16

Note that other forms of resuscitation courses undertaken (such as the Advanced Paediatric Life Support, the Advanced Trauma Life Support, or the Early Management of Severe Trauma courses) may be claimed for credits on a per education hour basis, but completion of these courses does not fulfill the ACLS course requirement.

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16 Participants in ACLS courses such as PRIME, which are longer than one full day, may claim credits on a per education hour basis, to a maximum of 40 credits per course.
Cultural competence

Fellows and registrars of the College are expected to have developed their cultural competence skills to a high level, and to continue to maintain this. The CPD programme includes the requirement that a small proportion of a doctor’s CPD activities include activities relating to cultural competence at an individually appropriate level.

In the current triennium, the College’s focus is on Māori cultural competence (see the College’s Māori Strategy, *He Ihu Waka, He Ihu Whenua*). The focus of a doctor’s cultural competence activities, for this triennium, should therefore be on activities relevant to Māori cultural competence.

All Te Reo and Tikanga courses offered through tertiary education providers and district health boards are recognised for the purpose of meeting this requirement. There are a range of other activities that could be undertaken, including patient satisfaction or medical record audits. A list of activities that could be undertaken to meet this requirement is available on the College website.

The College recommends that at least one peer group discussion every three years focus on cultural competence issues.

Requirements

Credits are allocated per learning hour of activity.

For the annual programme, doctors are required to participate in a minimum of one hour (1 credit) of activity relevant to the development of cultural competence or the advancement of Māori health. For the triennium programme, doctors are required to participate in a minimum of two hours (two credits) of activity relevant to the development of cultural competence or the advancement of Māori health over the triennium.

Activities should be at a level appropriate to the doctor’s background and prior knowledge and may include any activity that is designed to improve Māori health.

Regular practice review visits

Regular practice review (RPR) is a collegial review of a doctor’s practice, undertaken by a trained colleague, in a ‘usual practice’ setting. It is designed to give independent and structured feedback on the practice of the individual and to identify specific areas in which the practitioner can most usefully develop.

A doctor can elect to undertake an RPR visit at any time in the triennium. The visit must be organised through the College (i.e. cannot simply be a visit organised between peers) and does carry a cost. Further information can be found in the RPR Process and Guidelines book that is available on the website (or contact your CPD coordinator for a hard copy).
The credits that can be claimed for an RPR visit are as follows:

Doctors who are reviewed can claim a total of 100 credits, made up as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development plan reviewed</td>
<td>2</td>
</tr>
<tr>
<td>Audit of medical practice</td>
<td></td>
</tr>
<tr>
<td>- record review</td>
<td>10</td>
</tr>
<tr>
<td>- patient feedback reflection</td>
<td>10</td>
</tr>
<tr>
<td>Peer review</td>
<td>20</td>
</tr>
<tr>
<td>CME – planned learning</td>
<td>58</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

**RPR reviewers** may claim a total of 50 credits in a triennium (maximum, regardless of the number of reviews conducted). This is comprised of 20 credits of peer review activity, and 30 credits of CME (collegial activity).

**Participation in practice accreditation visits (such as CORNERSTONE)**

Credits for participation in practice accreditation visits can be claimed on the basis of activities undertaken and hours spent. For example, the Content of Medical Records audit can be claimed as an audit of medical practice provided it is done by the individual doctor. Patient satisfaction surveys can also be claimed as an audit of medical records, provided that at least 35 responses are received for the individual doctor concerned. Time spent on other activities, such as the creation of practice protocols and policies, collection of data and self-assessment and attendance of feedback sessions can be claimed on a per hour basis as CME practice improvement activities. Doctors acting in an assessor role can claim activities on a per hour basis as CME collegial activity. If visit activity is claimed as credits, a visit date should be entered in the appropriate section of the online form.

**Collegial relationship**

Doctors who are registered in the general scope are required by the MCNZ to establish a collegial relationship with a doctor who holds registration in the vocational scope of practice in the same (or related) branch of medicine. This applies to registrars on the training programme who have completed the formal meeting requirements of the training programme but have not yet attained Fellowship).

The MCNZ requirement for collegial relationships is a minimum of eight hours (eight credits) per year, which must include formal meetings at least six times per year in the first year and at least four times per year in the years thereafter.

Further information regarding the requirements for collegial relationships can be found on the MCNZ website.

**Evidence and documents required**

The table overleaf provides a summary of the evidence that a doctor is required to provide on audit for each type of CPD activity claimed.

In general, a certificate of participation is not required for activities that involve the completion of a summary sheet (audit activity) or a reflective statement (e.g. any personal learning activity undertaken as ‘planned learning’). For activities for which reflection is optional (e.g. attendance of endorsed events), a certificate of participation must be produced if you choose not to complete the ‘reflective’ statement. Note that a certificate must always be produced as evidence of a resuscitation course undertaken.

Documentary proof should be retained for a period of six years (two triennia).
## CPD evidence table

<table>
<thead>
<tr>
<th>Section</th>
<th>Forms and evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional development plan</strong></td>
<td>A professional development plan must be created by the doctor and discussed with a colleague or peer group. Plan templates are available on the website, but the plan does not need to be in a specific format.</td>
</tr>
<tr>
<td><strong>Clinical audit</strong> (audit/quality improvement activities)</td>
<td>The audit description and summary form must be completed for each claimed audit activity. This form requests details about the topic, why the topic is important, desired standard, data collected, areas targeted for improvement, and peer discussion date.</td>
</tr>
<tr>
<td><strong>Peer review activities</strong></td>
<td>For regular peer group activities, the dates of the meetings and time claimed should be entered into the online system. No further evidence is necessary. For all other types of peer review activity, a diary should be maintained and produced on request that contains details of the description of the activity, the date, topic, and the number of hours spent.</td>
</tr>
<tr>
<td><strong>Continuing medical education (CME)</strong></td>
<td>If details of CME attendance have been uploaded to the system by a College registered provider, no further evidence is required. For all other activities, audit requirements are for either a certificate of attendance, or a completed learning reflection form. If credits are claimed for non-endorsed CME activities, you may be requested to provide evidence that the activity meets the College quality criteria.</td>
</tr>
<tr>
<td>• General CME activities, including endorsed activities, self-accredited events, reading, scanning, collegial activities, teaching activities and practice improvement activities</td>
<td>Certificates may be provided, but are not essential. A learning reflection form must be completed for credits to be claimed.</td>
</tr>
<tr>
<td>• Planned learning (any learning activities undertaken, including self-designed activities, that contribute to learning goals)</td>
<td>A resuscitation skills certificate must be obtained from the provider.</td>
</tr>
<tr>
<td><strong>Resuscitation skills</strong></td>
<td>Cultural competence activities undertaken may result in certificate of attendance, or can be supported through the completion of a learning reflection form.</td>
</tr>
<tr>
<td>(Advanced Cardiac Life Support course)</td>
<td></td>
</tr>
<tr>
<td>(Note that the course must be done through a College-endorsed resuscitation course provider.)</td>
<td></td>
</tr>
<tr>
<td><strong>Cultural competence</strong></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For doctors who cannot access or use the online system, hardcopy forms can be completed and mailed in to the College. Please contact your CPD coordinator for copies of all the necessary forms.