



AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

CONTINUING PROFESSIONAL DEVELOPMENT HANDBOOK

2023-2025

Our Vision

is to provide world's best practice with regard to training, standards and research in the speciality of Sport and Exercise Medicine.

Our Mission

is to provide and promote excellence in the training and continuing professional development of Sport and Exercise Medicine Physicians in Australia and New Zealand



Acknowledgment of Traditional Owners:

The ACSEP acknowledges the Wurundjeri people as the Traditional Owners of the land on which our national office stands. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

ACSEP also acknowledges tangata whenua of Aotearoa and we affirm our commitment to reflect the Treaty of Waitangi in our work and practice.

ACSEP 2023-2025 Continuing Professional Development (CPD) Handbook

Edition 8

Published February 2024

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MESSAGE FROM CPD CHAIR

Welcome to the ACSEP Continuing Professional Development (CPD) Program

The Medical Board of Australia and the Medical Council of New Zealand require all registered medical practitioners to participate in CPD (termed Recertification by the MCNZ) relevant to their scope of practice. In Sport and Exercise Medicine the CPD standard is that set by the MBA and MCNZ, in their respective jurisdictions. The primary goal is patient safety achieved through medical practitioners maintaining knowledge and skills that are contemporary and suit the increasingly complex modern medical and sporting environment in which we work, in order to ensure ongoing delivery of safe, high-quality care.

The ACSEP CPD program is designed to help and support CPD Program participants to fulfil the requirements of the standard. The program has just entered its fourth triennium and continues to be supported strongly by our members. It evolves to meet CPD Program participants' needs and aims to make CPD both valuable and accessible to our participants.

The program is governed by the CPD Committee which comprises members from Australia and New Zealand, from a variety of practice settings and at different career stages to ensure the program is feasible and user-friendly.

The online CPD portal, with the ability to log evidential documentation, facilitates auditing either by ACSEP, MCNZ or AHPRA and specific advice for CPD Program participants who are audited by AHPRA and MCNZ is available in the handbook.

The current 2023-2025 triennium sees regulatory updates on both sides of the Tasman. The handbook has been updated to reflect these new requirements.

If required, the CPD team can be contacted at +61 3 9654 7672 or cpd@acsep.org.au.

Dr Craig Panther
Chair, CPD Committee

INTRODUCTION

The Australasian College of Sport and Exercise Physicians (ACSEP) is the pre-eminent professional body for sport and exercise medicine (SEM) in Australasia. Our vision is to provide world's best training, standards and research in the specialty of SEM. ACSEP supports its doctors in clinical practice in order to improve the health and well-being of individuals and communities through the enabling and promotion of physical activity. Our mission is to uphold and advance world leading training and practice in the specialty of sport and exercise medicine.

The ACSEP delivers a Continuing Professional Development (CPD) Program that enables participants to maintain their career-long learning activities.

The CPD Program for the current triennium has been overhauled to reflect changes in requirements set by the Australian Health Practitioners Regulatory Agency (AHPRA), Medical Board of Australia (MBA), Australian Medical Council (AMC), and Medical Council of New Zealand (MCNZ).

DEFINITIONS AND AIMS

Definition of CPD

CPD/Recertification is defined as the means by which CPD Program participants maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.

There is a broad evidence base for the value of a CPD program in achieving these aims and these data were reviewed in a recent interim report by an expert advisory group on revalidation in Australia.

Aims of CPD

The aims of the CPD Program are to:

1. Maintain and enhance the performance of each CPD Program participant's professional skills and knowledge to ensure the highest standards of patient care.
2. Ensure all participants engage in a diverse range of activities throughout the certification period.
3. Provide a framework that supports lifelong learning for participants, so that CPD Program participants remain fit to practice.
4. Comply with legal and regulatory authority requirements for CPD.
5. Encourage professional knowledge, satisfaction and wellbeing through the involvement and interaction with other CPD Program participants.
6. Demonstrate to all stakeholders that participants are dedicated to continuing education by providing CPD program participants with tangible evidence of participation in and compliance with the CPD Program

CPD should ensure that each doctor is supported by education that provides for their individual professional development needs and is delivered by effective, efficient and reflective mechanisms that support maintenance of high standards and continuing improvement in performance.

Quality CPD activities are:

- Evidence-based,
- Those that inform ongoing learning and development,
- Informed by relevant data,
- Based on the doctor's actual work and workplace setting,
- Profession-led,
- Directed to clinical competencies, professionalism and ethical practice,
- Directed to cultural safety and reducing health inequities,
- Supported by employers.

CPD Program-level requirements are informed by relevant documents in Australia and NZ:

- In Australia: [Good medical practice: a code of conduct for doctors](#)
- In New Zealand: [Recertification requirements for vocationally-registered doctors in New Zealand](#)

JOINING THE ACSEP CPD HOME

Eligibility requirements

CPD participants may apply to enrol in the ACSEP CPD Program if they meet the following eligibility criteria:

- Are able to demonstrate a connection to, and an on-going interest in, the field of Sport and Exercise Medicine;
- PGY3+ Registered Medical Practitioners.

ACSEP Registrars will be automatically enrolled in the ACSEP CPD Program on attainment of Fellowship.

Applicants who do not hold an ACSEP Fellowship are required to apply to the ACSEP CPD Committee for approval to join the ACSEP CPD Program.

Fee

CPD Homes member fees are reviewed annually. Current fees are available [here](#).

Included Benefits:

CPD Homes members receive the following benefits:

- Access to SEM Academy with over 300 hours of eLearning resources in Sport and Exercise Medicine.
- Access to our SEM journal database including British Journal of Sports Medicine and Clinical Journal of Sports Medicine.
- Exclusive member discounts on a range of college education and conferences.

Application process (Non-Fellows)

Applicants who have not attained ACSEP Fellowship are required to submit an [Application Form](#) and their CV for review by the ACSEP CPD Committee. Applicants will be notified of the outcome of their application via email. If approved, a pro-rata invoice for the remainder of the year's fee will be sent to

the applicant via email and access will be granted to the ACSEP CPD portal and resources. Fees will then be invoiced annually each financial year.

In the event that an application to join the ACSEP CPD Program is not approved by the CPD Committee, the applicant has the right to apply for a review, reconsideration and appeal of this decision in accordance with [P019 Reconsideration, Review and Appeals Policy](#).

PARTICIPATION IN CPD

The ACSEP has determined that if a CPD Program participant has not taken leave from being a practicing physician and is registered as practicing with the Medical Council of New Zealand or the Medical Board of Australia, then they are required to fully participate in an approved CPD Program and meet the requirements of the CPD program.

Participation in continuing professional development (CPD) is mandatory for all Australasian Medical Practitioners.

Medical Council of New Zealand (MCNZ)

The Medical Council of New Zealand (MCNZ) requires that all vocationally registered medical practitioners satisfy the requirements of an approved Recertification (CPD) program for their vocational scope of practice.

[MCNZ – Recertification for doctors practicing in a vocational scope of practice](#)

[MCNZ- Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes](#)

Medical Board of Australia

The Medical Board of Australia (MBA) outlines the requirements for Australian medical practitioners in the Continuing Professional Development Registration Standard:

[AHPRA- Medical Board – Registration Standards](#)

[AHPRA- Medical Board- Obligations on Medical Practitioners](#)

CPD Program Participation Requirements	
Australia	All registered Specialist Sport and Exercise Physicians must belong to an AMC accredited CPD Home and complete the relevant specialist high-level requirements.
New Zealand	Medical practitioners who are registered in the Sport and Exercise Medicine vocational scope of practice are required to participate in an approved recertification programme relevant to the vocational scope of Sport and Exercise Medicine.

REQUESTS FOR VARIATIONS TO THE ACSEP CPD PROGRAM

Requests for extensions to submit CPD Program requirements

CPD Program participants may contact the ACSEP CPD Committee via email (cpd@acsep.org.au) to request an extension to submit CPD requirements. The email should outline the following:

- Relevant requirement/s for which the submission extension is required,
- Reason/s why the extension is required,
- An action plan for completing the requirement/s; and,
- The amount of additional time requested.

Requests for extensions will be reviewed by the CPD Committee and the outcome will be provided to the CPD Program participant via email. CPD Program participants can challenge decisions made by the ACSEP CPD Committee regarding requests to suspend CPD Program participation in accordance with [P019 Reconsideration, Review and Appeals Policy](#).

Requests to take a period of extended leave from CPD Program participation

CPD Program participants who are taking a period of extended leave from clinical practice for 6-12 months due to serious illness, parental/carers leave, cultural responsibilities or other approved circumstances can apply to become inactive CPD Program participants.

If the absence from clinical practice is more than 6 months and commences prior to 30 June in the relevant year, the CPD participant will be exempt from completing CPD requirements for that calendar year. If the CPD participant returns to clinical practice prior to 1 July the following year, then they will be required to meet the full CPD requirements for that calendar year. All triennium requirements will still need to be met.

Applications to become an inactive CPD Program participants can be submitted in writing to the Chair of the CPD Committee via email (cpd@acsep.org.au) and should outline the reasons why extended leave from clinical practice is required and a proposed return date. Exemption is granted at the discretion of the ACSEP CPD Committee and applicants will be notified of the outcome via email.

CPD Program participants can challenge decisions made by the ACSEP CPD Committee regarding a request to become an inactive CPD Program participant in accordance with [P019 Reconsideration, Review and Appeals Policy](#).

CPD Program participants who are not practicing clinically for more than 12 months will be required to complete a full 12 months of CPD requirements prior to returning to clinical practice. Refer to the [ACSEP Return to Practice Policy](#) for further details.

Retiring or resigning from the CPD Program

CPD Program participants who are retiring from practice or seeking to resign from the ACSEP CPD Program are required to notify the Chair of the ACSEP CPD Committee in writing via email (cpd@acsep.org.au) advising of the date they plan to cease clinical practice/resign from the CPD Program.

CPD Participants will be responsible for exporting their records from the ACSEP CPD Portal prior to their retirement/resignation date.

Selecting an entity other than the ACSEP as a CPD Home

Should an ACSEP Fellow choose a CPD Home other than the ACSEP, to maintain Fellowship of the ACSEP they must:

1. Pay the ACSEP's annual membership fee.
2. Complete the specialist high level requirements for Sport and Exercise Medicine (Emergency course, anti-doping education) and mandatory (cultural safety and – where appropriate – CTS modules) requirements.
3. Advise National Office of their CPD Home.
4. Each year, provide National Office with evidence of compliance from that CPD Home.

Fellows holding Dual Fellowship

Fellows of the ACSEP who simultaneously hold Fellowship in another College are free to choose the ACSEP, their other College, or indeed another entity as their CPD Home. CPD Home participants holding more than one specialist registration in Australia may be required to complete additional specialist high-level CPD requirements.

Should they choose a CPD Home other than the ACSEP, the same requirements exist as for any other Fellow who chooses an alternative CPD Home (points 1-4, immediately above).

Overseas Fellows

ACSEP Fellows who are working overseas and are not currently registered in Australia or New Zealand but wish to maintain Fellowship of the ACSEP must complete the ACSEP CPD program, OR annually submit certification of successful completion of CPD in Sport and Exercise Medicine in the country in which they work, and such CPD needs to be of a comparable standard to the ACSEP CPD programme.

DATA COLLECTION AND PROOF OF CPD PARTICIPATION

CPD Online Portal

ACSEP provides CPD participants with access to a secure web portal to track progress against CPD Program requirements. CPD participants must ensure that their CPD records are up-to-date in the portal prior to the end of each calendar year. The online portal has been designed to work across all platforms (desktop, mobile, tablet) and can be accessed at www.acsep.org.au.

[ACSEP CPD Portal: User Guide](#)

Please refer to the following policies for further information on the management of data and information stored on the ACSEP CPD Portal:

- [P004 Privacy Policy](#)
- [P012 Records Management Policy](#)

Evidence requirements

CPD Program participants are strongly encouraged to store “base records” that provide evidence of each recorded CPD activity on the ACSEP CPD Online portal. Examples of appropriate base records are given in the discussion of various CPD activities later in the handbook. If a CPD Program participant is selected for an audit of base records supporting claimed CPD activities, then these base records must

be submitted to the College via the CPD portal, with each relevant record attached to the CPD activity to which it relates. Please note, in the event of an audit, it is not acceptable to simply provide a list of what you have done or attended as proof that you have completed a CPD activity.

If a CPD Program participant does not store base records of CPD activities on the College website, then they must retain the original documentary evidence of their CPD activities for at least three years following the completion of the last triennium.

CPD activities undertaken internally with the ACSEP (e.g., attending College Conference, supervising Registrars, teaching Registrars, presenting at ACSEP Conference, examining, committee involvement, contributing to the development of ACSEP educational modules) can be verified internally by the College. CPD Program participants should still record the activity in the CPD Online Portal, however documentation is not required.

Generally, audit documentation should be from a third party and indicate the date, name of participant and activity title. Personal diary entries, calendar, or invitations for conferences will not be accepted unless that is to substantiate journal readings.

It is required that medical practitioners are to retain evidence for at least 3 years for the audit purposes.

Any patient information must be de-identified.

Examples of Acceptable CPD evidence

Annual Conversation and Professional Development Plan

Templates are available on the CPD website and can be saved directly into the portal.

CPD Program participants preferring not to upload directly into the portal will need to keep their documentation secure in case of audit.

Reviewing Performance

Peer Group:

A letter from the group facilitator outlining:

- Attendance
- Hours
- Topics discussed at each meeting.

Measuring Outcomes

Clinical Audit

- Executive summary of audit, focusing on reflections, ways to improve practice and linking to PDP.

Education

Clinical teaching (ACSEP Registrars, external professionals):

- The College can internally verify workplace-based assessments.
- Copy of official work log indicating teaching sessions.

Education activities provided by external organisations (conferences/workshops etc.)

- Certificate of completion
- Learning outcomes

Publications

- Copy of title page
- Copy of correspondence confirming acceptance.

Contribution to the development of college education, training, and resources

- College can internally verify.

SEM Academy Modules

- Completion of the module must be recorded by the CPD participant in the CPD portal. The College can internally verify completion.
- Certificate of completion from the website.

Reading journal articles

- PDF of article uploaded into portal.

COMPLIANCE & AUDITING

Annual statement of Participation

CPD Program participants who meet the program-level requirements of the CPD program are eligible to receive a Statement of Participation. The Statement of Participation will be electronically produced each January for the previous year (1st January – 31st December), only if the minimum requirements for each category and a total of 50 hours have been achieved in that year.

Certificate of CPD Compliance

Fellows who meet the requirements of the Continuing Professional Development Program receive a Certificate of Continuing Professional Development at the conclusion of the triennium. This only applies to those who have successfully completed the CPD requirements for the triennium.

Compliance Review, Audit and Reporting Process

Compliance with CPD requirements is checked on an annual basis. The process for reviewing compliance, auditing records, reporting to the relevant regulatory body and remediation is outlined in [P040 CPD Program Compliance and Remediation Policy](#).

ACSEP CPD PROGRAM

The CPD Program has been developed in consultation with the Fellowship to ensure that it meets the needs of CPD Program participants and reflects current educational principles and regulatory requirements. It is anticipated that CPD will enhance a participant's practice, rather than being seen as an onerous requirement. Further, the CPD program will meet the statutory requirements of the relevant medical board.

Overview

The ACSEP CPD Program is based on a three-year cycle and operates on a calendar year from 1st January to 31st December of each year. The triennium includes minimum annual program level requirements.

The 2023-25 triennium incorporates recent regulatory changes for both Australia and New Zealand.

Whereas previously CPD Program participants earned CPD points, they must now accrue a minimum of 50 CPD hours each year and 150 CPD hours across the triennium.

The previous categories of Collegial Interaction, Audit of Medical Practice and Teaching & Learning have been replaced by Practice Evaluation and Education.

The Practice Evaluation category is further subdivided into:

- a) Reviewing Performance (includes Peer Review, teaching, practice accreditation visits)
- b) Measuring Outcomes (formerly Audit of Medical Practice)

CPD Program participants meeting existing College requirements of Peer Review and Audit of Medical Practice will easily satisfy the new Practice Evaluation requirements.

Note that for the most part activities remain the same, it is merely the categorisation that will change. The portal will be amended to reflect this.

The two new requirements are:

1. Having an Annual Conversation with a colleague, and
2. Using that conversation to formulate a Professional Development Plan.

CPD Program requirements (Registration-level)

- Undertake and document an Annual Conversation with a colleague
- Develop an annual written Professional Development Plan (PDP)
- At least 25 hours of Practice Evaluation (with a minimum of five hours each of (i) Reviewing Performance and (ii) Measuring Outcomes)
- At least 12.5 hours of Educational Activities
- A further 12.5 hours which can be claimed anywhere across the CPD program (in either of the above two categories)
- Self-evaluate your CPD activity at the end of each year as you prepare your PDP for the next year.
- Retain records of CPD activity for 3 years



Additional program-level requirements

- Cultural Safety (min. 2 hours per annum)
- Addressing health inequality (min. 1 hour per triennium)*
- Professionalism (min. 1 hour per triennium)*
- Ethical practice (min. 1 hour per triennium)*
- For ACSEP Clinical Training Supervisors – Clinical Training Supervisor Module (once per triennium)

CPD participants who are not specialist Sport and Exercise Physicians are also required to complete the following program-level requirements for the ACSEP CPD program:

- Emergency management course relevant to your practice (once per triennium)
- An anti-doping education course (once per triennium)

* *Mandatory requirement from 1 January 2025*

Specialist high-level requirements

All registered specialist Sport and Exercise Physicians are required to complete the following specialist high-level requirements:

- Emergency course relevant to your practice (once per triennium)
- An anti-doping education course (once per triennium)

The hours spent on program-level and specialist-level requirements are also credited under the relevant CPD category. No CPD hours will be carried across years or into the next triennium.

Whereas previously some activities were awarded a set number of points (e.g., mentoring a registrar was awarded 10 points), from 2023 onwards each activity should be logged according to the appropriate number of hours spend completing the activity.

Specialist high-level requirements for other specialties

In Australia, some specialties have high-level requirements that must be completed to achieve specialist registration in the relevant specialty. These are outlined here:

<https://www.medicalboard.gov.au/Professional-Performance-Framework/CPD/Professional-Development-Plans.aspx>

CPD program participants holding specialist registration in multiple specialties will need to complete the specialist high-level requirements for all the relevant specialties.

CPD Category	CPD Requirements				
	Complete Annually			Complete during triennium	
Practice Evaluation (Measuring Outcomes and Reviewing Performance)	Annual Conversation				
	Professional Development Plan				
	Min. 5 hours Measuring Outcomes (incl. clinical audit)				
	Min. 5 hours Reviewing Performance				
	Min. 25 hours total				
Educational Activities	Min. 12.5 hours	Min. 2 hours cultural safety	Min. 50 hours of CPD	Min. 1 hour each: <ul style="list-style-type: none"> • Addressing health inequity* • Professionalism* • Ethical practice* 	WADA/Sport Integrity Australia Anti-Doping Module
					Completion of any ONE of the following: ACSEP MOST course, BCLS course, ACLS course, AFL Emergency Care course, Immediate Care in Rugby Course (Level 2 or 3)
					Clinical Training Supervisor (CTS) Online Module for CPD Program participants acting as CTS/Clinical Training Instructor for ACSEP registrars
Additional specialist high-level requirements for other specialties (if applicable)					

Registration standard
Program-level requirement
Program-level requirement for non-specialists/high-level requirements for specialists SEP

NOTE: The ACSEP CPD year corresponds to a calendar year and runs from 1 January to 31 December.
 *Mandatory requirement from 1 January 2025

CPD PROGRAM REQUIREMENTS

Annual Conversation

A structured conversation with a peer, colleague or employer about a CPD Program participant's practice is an essential component of the CPD program.

The intent of this activity is twofold:

1. To review the previous year's Professional Development Plan (PDP) and CPD activities to assess whether the stated learning and personal development goals were met.
2. To provide time for the CPD Program participant to reflect on their development needs, their learning goals, professional activities, and their intentions for the next year.

The Annual Conversation provides an opportunity to receive constructive feedback and share best practice. It may also give CPD Program participants the opportunity to explore their satisfaction in their current role, self-care, and any health issues so they are able to adjust their practice accordingly and consider longer-term career aspirations.

Following the Annual Conversation, the CPD Program participant then compiles their Professional Development Plan for the year ahead. A template to assist CPD Program participants to undertake their Annual Conversation is available for download from the ACSEP CPD web portal.

Professional Development Plan (PDP)

A PDP is a planning tool that guides participant's future CPD and helps them identify and undertake their educational activities to meet their professional development needs. It can be used as a guide to balance CPD activities such as clinical activities, teaching & learning activities, personal audits and conferences. This is a reflective activity, identifying areas of knowledge and practice that may need updating or areas needing up-skilling.

The Medical Board of Australia and the Medical Council of New Zealand require doctors to self-assess individual learning needs, identify professional and personal objectives. ACSEP CPD Program participants are encouraged to include activities relating to the key program requirements of cultural safety practice, addressing health inequities, professionalism and ethical practice as part of their PDP.

A PDP template is available on the CPD website; CPD Program participant can fill this in electronically and save it directly to the portal. Further information about developing a PDP is available in the CPD Activity Guidance document available to CPD Program participants.

How can a PDP be used?

A PDP is formulated after you assess your CPD needs. Ideally the PDP should utilise performance and outcome data. Such data include outcomes of audits of medical practice, results of multi-source feedback and RPR feedback. The identification of professional development needs should consider the knowledge of the Fellow, the stage of progression in their career and their work requirements.

The PDP should address career management issues such as transition to retirement for older doctors.

Further, we encourage the PDP to include some reflection on self-care including areas such as health care, having a medical check-up from your GP, a plan for regular exercise and good nutrition, and goals for non-medical pursuits. You should set out a clear plan of professional education activities that you intend to undertake to meet their identified learning needs.

A PDP is most effective when you incorporate specific goals that are time-based, achievable and appropriate to your actual work and the setting you work in. This is a working document that needs to be revisited and updated regularly to reflect areas that still need to be improved and where things have been achieved. Goals can be both long and short term and can span multiple annual PDPs.

Step-by-Step Guide to writing your PDP

A PDP template will be available on the CPD portal. When compiling your PDP, bear in mind the following process:

Step 1: Self- evaluation

Self-evaluation is the first step of the PDP process. It is the process of gathering information about yourself to decide about the areas that require educational enhancement. This could include evaluation of interests, skills, professional values and related personal goals. This should be combined with the annual conversation that CPD Program participants are advised to have with a colleague to identify learning needs.

- Identify your strengths and areas of development by reflecting on the professional services you provide or the role you perform. Then anticipate how these may affect your ability to perform your role next year.
- You can judge your expertise in clinical perspective and compare it to external objective measures of performance by using online MCQs for self-assessment clinical knowledge; peer review by a colleague; or a formal audit of your own practice.

Step 2: Setting goals and actions

This step is to identify your professional learning objectives based on self-evaluation. Objectives should be clear, realistic and specific in a proposed time frame. Then choose learning activities which best suit your learning style.

Possible approach:

- You should identify suitable CPD activities which will help to address your professional learning needs and consider how these activities impact on your practice.
- Identify CPD activities that will cover your educational needs which you may learn by yourself, or in group.
- A reminder system may help you to keep the PDP on track. Web-based options such as Outlook Calendar and Google Calendar may be helpful.

The following questions may help you construct your PDP:

What do I want to learn?

- Be specific – clearly describe what you are planning to learn.
- Check – is this realistic but challenging?
- Goals can be both short and long term. They can span multi-year PDPs.

What will I do to achieve this?

- Take account of your preferred learning style.
- Detail the specific actions you are planning.

- Plan a mix of activities – work based, professional activities, formal education, self-directed learning.

What resources or support will I need?

- The cost in time and money.
- Whose support do you need to turn this plan into reality – a colleague, mentor, employer, friend, professional body, etc.
- Support is often essential in making informed decisions to provide you with ongoing motivation to keep you on target.

What will my success criteria be?

- What will you have learned?
- This is the measure to show that you have achieved your objective. It could be a qualification, completion volume or quality of work required, being able to put new skills into practice, or improved management effectiveness.

Target dates for review and completion

- The date by which you plan to review your progress – be realistic!
- The date by which you intend to have achieved this part of your development plan. Again, be realistic – small successes achieved quickly will provide motivation towards longer term goals.

Step 3: Reflection and assessment

You are encouraged to review your PDP during the CPD period to ensure that your needs are being met and to amend with additional needs as they arise. The reflection process can result in recognising the need for further educational activities and furthering your professional development.

Example:

- Document and analyse the strengths and weaknesses of each activity
 - Review and assess if the activity met your educational goals set in PDP
 - Review how the chosen activities met your goals
- Identify new activities that may become available to help with your educational activities. A Professional Development Plan should be regularly reviewed and updated, at least at the commencement of each CPD year.

Cultural Safety requirements

ACSEP CPD Program participants are required to complete a minimum of two hours of cultural safety education activities per year. CPD Program participants are also encouraged to include activities relating to culturally safe practice across all core elements of the CPD Program and include relevant activities as part of their Professional Development Plan.

Cultural safety requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a CPD Program participant has the attitudes, skills and knowledge needed to achieve this. A culturally competent CPD Program participant will acknowledge that first, Australia and New Zealand have culturally diverse populations; second, that a CPD Program participant's culture and belief systems influence her or his interactions with patients and accepts this may impact on the doctor-patient relationship; and third, that a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.

Cultural mores identified by the ACSEP are not restricted to ethnicity, but also include (and are not limited to) those related to gender, spiritual beliefs, sexual orientation, lifestyle, beliefs, age, social status or perceived economic worth. The ACSEP emphasises that CPD Program participants need to be able to recognise and respect differing cultural perspectives of patients, for the purpose of effective clinical functioning in order to improve health outcomes for patients.

In Australia, AHPRA's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy defines cultural safety as follows:

“Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.”

In Aotearoa New Zealand, the Medical Council of New Zealand's Statement on Cultural Safety states:

“The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. The awareness that cultural safety

In Australia, AHPRA's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#) defines cultural safety as follows:

“Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.”¹

In Aotearoa New Zealand, the [Medical Council of New Zealand's Statement on Cultural Safety](#) states:

“The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.”²

The “Cultural Safety Training Plan for Vocational Medicine in Aotearoa” developed by the Council of Medical Colleges New Zealand and Te Ora advises that cultural safety is a transformative action which needs to take place within different spheres of medical practice, including:

- Internal transformation, which focuses on the practitioner's psychological interior and own culture, and requires addressing their own biases, attitudes, assumptions, stereotypes, prejudices, and holding themselves accountable for providing culturally safe care.

¹ Australian Health Practitioner Regulation Agency & National Boards, The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

² Medical Council of New Zealand, Statement on Cultural Safety. October 2019. <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>

- Horizontal or interpersonal transformation, which emphasises a focus on interactions amongst colleagues and cultural safety within the workforce.
- Vertical or structural transformation of the institution or organisation a practitioner works within, as well as the wider healthcare ecosystem, strategies, policies, protocols, practices, funding models that contribute to achieving health equity.

CPD Participants are encouraged to reflect on how their CPD activities impact these spheres as part of their Professional Development Plan.

The following are suggested resources and activities to assist CPD participants to meet this requirement. The list is not exhaustive and the CPD Committee welcomes CPD participants' feedback and input on activities and resources.

Educational Resources

Online modules:

- ACEM cultural competence e-modules <http://elearning.acem.org.au/course/view.php?id=357>
- NZ Ministry of Health Foundations in Cultural Competence online course <http://learnonline.health.nz/course/view.php?id=184>
- Centre for Cultural Competency Module <https://ccca.com.au/>
- ACSEP Aboriginal Health and Cultural Safety module <https://semacademy.org/>
- AIDA Cultural Awareness – An Introduction to Cultural Safety module <https://aida.org.au/cultural-safety-program/cultural-awareness-foundations-of-cultural-safety/>
- RACP Culturally Safe Supervision <https://elearning.racp.edu.au/enrol/index.php?id=359#section-0>

Relevant conferences:

- ACSEP Annual Scientific Conference (2 hours dedicated to cultural safety activities)
- Sports Medicine New Zealand (includes cultural safety content)
- Australian Indigenous Doctors Association Annual Conference <https://aida.org.au/events/>
- Pacific Region Indigenous Doctors Congress (PRIDoc) Biannual Conference <https://aida.org.au/event/pridoc-2022-2/>
- Te Ora Annual Conference <http://www.teora.maori.nz>

Reading resources:

- Good medical practice: a code of conduct for doctors in Australia <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>
- Statement on cultural safety <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>
- The health of Pacific peoples in Aotearoa is “everybody’s business” https://bpac.org.nz/bpj/2010/november/docs/BPJ_32_upfront_pages_5-9.pdf
- Promoting healthy lifestyles for Pacific peoples <https://bpac.org.nz/bpj/2010/november/promoting.aspx>

- 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing
<https://www.health.govt.nz/system/files/documents/publications/ala-moui-pathways-to-pacific-health-and-wellbeing2010-2014-mar10.doc>
- Griffith Review “Born on Aboriginal Land”
<https://www.griffithreview.com/articles/born-on-aboriginal-land-failure-of-reconciliation/>
- “How to be a good indigenous ally”
<https://www.sbs.com.au/nitv/article/how-to-be-a-good-indigenous-ally/7czmek946>
- “Closing the Gap” reports
<https://ctgreport.niaa.gov.au/>
- “When scientists “discover” what indigenous people have known for centuries”
<https://www.smithsonianmag.com/science-nature/why-science-takes-so-long-catch-up-traditional-knowledge-180968216/>
- A Comparison of Māori and Non-Māori Patient Visits to Doctors
<https://www.health.govt.nz/publication/comparison-maori-and-non-maori-patient-visits-doctors#:~:text=Tests%20and%20investigations%20were%20less,of%20items%20prescribed%20was%20higher.>
- Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study (pdf available on request to National Office)
- The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
<https://nacchocommunique.files.wordpress.com/2020/02/aboriginal-and-torres-strait-islander-cultural-health-and-safety-strategy-2020-2025-1.pdf>

Podcasts and videos:

- ‘Ngā Kaitiaki Hauora’ translates as ‘guardians of health’. This podcast emerged from a meeting near Auckland organised by the RACP’s Māori Health Committee in November 2017. Members of various medical colleges and institutions came together to share perspectives on the delivery of health care to New Zealand’s population of Māori and Pacific Islander people. This conversation comes in the context of the Wai 262 claim, which is forcing a re- examination of the Crown’s obligations to the Māori population under the Waitangi Treaty of 1840.
<https://itunes.apple.com/au/podcast/pomegranatehealth/id1022747864?mt=2&i=1000395442877>
- Taiwi GP talk re indigenous health (available on request to National Office)
- Adam Goodes – The Final Quarter (video)

Measuring Outcomes

- Examining culturally safe practice as part of an audit of medical practice including seeking feedback from patients, families and communities.
- Contribution to evaluation/development of an endorsed policy related to improving cultural safety in the workplace (where the contribution is based on review of data/measurement of outcomes).
- Analysis and reflection on health outcomes data related to patient demographics as part of research related activities.

Reviewing Performance

- Peer Review Group discussions with a focus on culturally safe practice.
- Multi-source feedback process incorporating feedback on culturally safe practice.

- Regular Practice Review process incorporating an examination of cultural safety within the practice.

Additional Support and Guidance for Cultural Safety requirements

CPD Program participants seeking additional support and guidance for meeting the cultural safety CPD requirements are encouraged to direct their queries to the ACSEP Quality Coordinator at cpd@acsep.org.au in the first instance. If required, these queries will be escalated to the Chair of ACSEP CPD Committee for further advice. The CPD Committee Chair may seek further input and advice from the ACSEP Indigenous Health Advisory Committee where appropriate.

Addressing health inequities requirements

CPD Program participants are required to complete at least one hour of CPD activities relating to addressing health inequities per triennium commencing from 1 January 2025. CPD Program participants are also encouraged to include activities relating to addressing health inequities across all core elements of the CPD Program and include relevant activities as part of their Professional Development Plan.

“Health inequities are systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes. The dimensions of social identity and location that organise or “structure” differential access to opportunities for health include race and ethnicity, gender, employment and socioeconomic status, disability and immigration status, geography, and more.”³

CPD participants may consider exploring specific population groups to examine ways to improve their health outcomes and access to care. Priority populations may include, but are not limited to:

- Individuals experiencing social or economic disadvantage.
- Geographically isolated populations (rural and remote).
- Culturally and linguistically diverse populations.
- Individuals with disabilities.
- Racial and ethnic minority groups.
- Aboriginal and Torres Strait Islander populations.
- LGBTQI+

The following are suggested resources and activities to assist CPD participants to meet this requirement. The list is not exhaustive and the CPD Committee welcomes CPD participants’ feedback and input on activities and resources.

Educational Resources

- Australian Institute of Health and Welfare: Social Determinants of Health
<https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>
- Australian Institute of Health and Welfare: Rural and Remote Health report
<https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>
- Moving Medicine
<https://australia.movingmedicine.ac.uk/>

³ Baciu A, Negussie Y, Geller A, et al. (2017). *Communities in Action: Pathways to Health Equity*. National Academies Press, US.

- Motivational Interviewing and Behavioural Change eLearning module, SEM Academy
<https://semacademy.org/collections/featured-modules/products/motivational-interviewing-and-behavioural-change>
- The Para-athlete eLearning module, SEM Academy
<https://semacademy.org/collections/all-modules/products/the-para-athlete>
- Australian Refugee Health Practice Guide
<https://refugeehealthguide.org.au/>
- LGBTIQ+ Health Australia
<https://www.lgbtiqhealth.org.au/>
- Australian Institute of Sport: Trans and Gender Diverse Inclusion
<https://www.sportaus.gov.au/integrity-in-sport/transgender-and-gender-diverse-people-in-sport/resource>
- Proud2Play
<https://www.proud2play.org.au/>
- RACGP Position Statement: Healthcare for people from refugee backgrounds and people seeking asylum
<https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/healthcare-for-refugees-and-asylum-seekers>
- ABC: Refugees, sport, and mental health [podcast]
<https://www.abc.net.au/listen/programs/allinthemind/refugees,-sport,-and-mental-health/11669052>
- Te Tāhū Hauora: Health Quality and Safety Commission- Health equity links
<https://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/health-equity-links/>
- Medical Council of New Zealand- He Ara Hauora Māori:A Pathway to Māori Health Equity
<https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf>
- Healthify He Puna Waiora: Equity for healthcare providers
<https://healthify.nz/healthcare-providers/e/equity-hcps/>
- Sport New Zealand Ihi Aotearoa: Guiding Principles: Inclusion of Transgender People in Community Sport
<https://sportnz.org.nz/diversity-and-inclusion/transgender-inclusion/guiding-principles-for-the-inclusion-of-transgender-participants-in-community-sport/>

Measuring Outcomes

- Examining health inequities as part of an audit of medical practice including seeking feedback from patients, families and communities.
- Contribution to evaluation/development of an endorsed policy related to addressing health inequities in the workplace (where the contribution is based on review of data/measurement of outcomes).
- Analysis and reflection on health outcomes data related to patient demographics for priority groups as part of research related activities.

Reviewing Performance

- Peer Review Group discussions with a focus on addressing health inequities.

Additional Support and Guidance for Addressing Health Inequities requirement

CPD Program participants seeking additional support and guidance for meeting the addressing health inequities CPD requirements are encouraged to direct their queries to the ACSEP Quality Coordinator at cpd@acsep.org.au in the first instance. If required, these queries will be escalated to the Chair of ACSEP CPD Committee for further advice. The CPD Committee Chair may seek further input and advice from other College Committees where appropriate.

Ethical practice and Professionalism

CPD Program participants are required to complete at least one hour of CPD activities relating to ethical practice and at least one hour of CPD activities relating to professionalism per triennium commencing from 1 January 2025. CPD Program participants are also encouraged to include activities relating to ethical practice and professionalism across all core elements of the CPD Program and include relevant activities as part of their Professional Development Plan.

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

“Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy. Doctors have a responsibility to protect and promote the health of individuals and the community.”

“Professionalism includes self-awareness and self-reflection as well as a duty to keep their skills and knowledge up to date, refine and develop their clinical judgment as they gain experience, and contribute to their profession.”

The following are suggested resources and activities to assist CPD participants to meet these requirements. The list is not exhaustive and the CPD Committee welcomes CPD participants’ feedback and input on activities and resources.

Educational Resources

- ACSEP Code of Ethics & Professional Behaviour Policy
<https://www.acsep.org.au/page/about/acsep-governance/acsep-policies>
- Ethical Practice in SEM eLearning Module, SEM Academy
<https://semacademy.org/>
- Australian Charter of Healthcare Rights (max. 1 hr claimable per annum)
<https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>
- Good medical practice: a code of conduct for doctors in Australia
https://www.amc.org.au/wp-content/uploads/about/good_medical_practice/2009-07_Final_Code.pdf
- MCNZ Statements, definitions and publications (max. 1 hr claimable per annum)
<https://www.mcnz.org.nz/our-standards/statements-definitions-and-publications/>
- Medical Board of Australia: Codes, Guidelines and Policies
<https://www.medicalboard.gov.au/codes-guidelines-policies.aspx>
- MCNZ Standards: Conduct and Professionalism
<https://www.mcnz.org.nz/our-standards/current-standards/conduct-and-professionalism/>
- MCNZ Standards: Good Medical Practice
<https://www.mcnz.org.nz/our-standards/current-standards/good-medical-practice/>
- NZ Code of Health and Disability Services Consumers' Rights
<https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>
- Education and resources provided by your medical defence organisation.

Examples:

- <https://www.mdanational.com.au/member-benefits/Education/Online-Activities>
- https://cpd.avant.org.au/?gclid=EAlalQobChMI1JTD24r3gwMVC299Ch3bzgJIEAAYASA-AEgIFxfD_BwE
- <https://support.mips.com.au/home/on-demand-education>
- <https://www.medicalprotection.org/newzealand/events-e-learning>
- RACGP General Practice Toolkit
<https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit-1/general-practice-tool-kit/supplementary-material-1/resources>
- ACSEP Business Skills eLearning module, SEM Academy
<https://semacademy.org/>
- RACGP Resources to support general practices prepare and respond to emergencies
<https://www.racgp.org.au/running-a-practice/practice-management/managing-emergencies-and-pandemics/resources-to-support-general-practices>
- Sport Integrity Australia eLearning and resources
<https://www.sportintegrity.gov.au/resources>

Measuring Outcomes

- Audit of medical practice incorporating patient feedback

Reviewing Performance

- Peer Review Group focusing on topics relating to ethics and professionalism.
- Regular Practice Review process.
- Workplace Based Assessments incorporating feedback on ethical practice and professionalism.

Additional Support and Guidance for Ethical Practice and Professionalism

CPD Program participants seeking additional support and guidance for meeting the ethical practice and professionalism CPD requirements are encouraged to direct their queries to the ACSEP Quality Coordinator at cpd@acsep.org.au in the first instance. If required, these queries will be escalated to the Chair of ACSEP CPD Committee for further advice. The CPD Committee Chair may seek further input and advice from other College Committees where appropriate.

Practice Evaluation

Reviewing Performance

Time spent on your Annual Conversation and compiling your PDP can be claimed under this category.

ACSEP CPD Program participants are encouraged to participate in activities that have regular peer support and peer review as their basis. Peer support will often occur informally and more naturally in situations where colleagues are engaged together in professional development such as Peer Groups.

Peer Review Activities

As defined by the MCNZ, peer review is the “evaluation of the performance of individuals or groups of doctors by members of the same profession or team”. Peer review is usually carried out by CPD

Program participants within the College. It is not an activity in which trainees are included, however senior registrars (i.e. those who have completed four years of training but have not yet fulfilled the requirements for Fellowship) are encouraged to also participate. Peer review can also be carried out in the setting of a multidisciplinary team when other team members review aspects of a CPD program participant's work. Peer review can be formal or informal. In any peer review activity, the highest professional ethical standards must be maintained. Patient confidentiality must be maintained, and all aspects of the review activity must also remain confidential. Peer review needs to be constructive and non-judgmental.

For the avoidance of doubt, Peer Review does not include non-clinical activities such as business or practice management, or non-clinical research or education activities. For CPD Program participants whose work is largely non-clinical e.g., academic, peer review can involve the review of their non-clinical work e.g., teaching or research peer review, or membership of an academic peer review group.

Formal Peer Review Groups

The ACSEP strongly encourages CPD Program participants to create or join peer groups. A formal peer group provides the opportunity to develop a "space" where mutual trust and learning can occur, and professional support and collegiality are fostered. In essence, this is at the heart of the term "Fellowship". There is an implicit vulnerability in opening oneself to the review of one's peers and it is important that the peer group remains a safe place for all members. It is the responsibility of the members and the Chairperson to ensure the safety of members at all times.

Ideally, these are self-selected groups, of between 4 to 8 CPD Program participants, who meet regularly to encourage reflective practice. On occasion the group may be larger or smaller than this number. There is an implicit medium to long term commitment to such a group, to allow trust to develop, so that CPD Program participants can be supported and learn from the review of their peers in the presentation of clinical cases, issues and challenges.

Groups can meet either in working hours or out of working hours, by decision of the members, and it is recommended that annually twelve hours of meeting time is scheduled, either six two-hour bimonthly meetings or twelve one-hour monthly meetings.

A group needs a "facilitator" who will typically take this role for a year. The facilitator's role includes:

1. Providing a timetable for the meetings.
2. Scheduling who will chair each meeting.
3. Managing email communications (it is recommended that a formal peer review group has its own email address)
4. Formally advising the CPD Committee of the formation of a group and its membership (see below)
5. Keeping a record of attendance and activities at each meeting.
6. At the end of each calendar year providing a written summary (e.g., email) to each member of the peer review group certifying the dates and hours of attendance at the peer review group by that member.

At each meeting there is a chairperson to chair the meeting. Ideally this position rotates around the group for each meeting. The Chair recommends the activity for the meeting and communicates this in advance to the members and chairs the meeting.

Typically, there is time in the meeting for both informal discussion and the formal peer review activity. Examples of peer review activities in the group include:

1. Joint review of cases
2. Presentation of “difficult” cases
3. Chart reviews
4. Critique of a video of consultations or on field management
5. Review of clinical practice protocols or management paradigms
6. Clinical research presentation
7. Review and discussion of cultural safety, addressing health inequities and professionalism.
8. Ethical or clinical work issues
9. Group clinical audits.

CPD participants are encouraged to hold a face-to-face Peer Review Group meeting when attending the ACSEP Annual Scientific Conference (i.e., one meeting per year for each peer review group will be at the annual conference).

For a peer review group to be recognised by the ACSEP, a formal notification must be made to the College, advising the College of the formation of a group, who the members are, and who the facilitator is. Please email this information to cpd@acsep.org.au. The College must be kept informed of changes in the membership of the group.

Other ways to earn CPD hours under the Reviewing Performance category are listed below:

Practice visits for the accreditation of a training post

Accredited Training Practice accreditation visits are conducted on a five-yearly basis to ensure that appropriate standards are being maintained for ACSEP Registrars. A site visit involves an accreditation team visiting the training practice, inspecting the facilities, conducting interviews with relevant stakeholders, and providing a report on the practice. These may also be conducted online. Only the “reviewed doctor” can claim Reviewing Performance hours for this. The reviewing doctor can claim hours under “involvement on college committees”.

Practice Meetings for the purpose of patient care

Practice meetings are a method of quality assurance to improve patient care. This includes planned improvement processes to increase patient care through greater learning opportunities.

Discussion groups

Health professionals are increasingly utilising small group discussions as a tool for contribution to CPD. These groups typically involve groups of Registrars and CPD Program participants who utilise the concept of problem-based learning, thus creating a depiction of real clinical dilemmas which can be more readily applied to specific situations/topics. These groups provide an opportunity for SEM professionals to meet, exchange experiences and participate in knowledge sharing which is a key element to professional development. However, for a discussion group to be classed as a peer review activity for the purposes of the ACSEP CPD Program it must relate to a review of a CPD Program participant’s (or group of CPD Program participant’s) actual clinical practice.

Multisource feedback

This is usually a component of Regular Practice Review. CPD Program participants may also opt to undertake this process through an external provider, such as CFEP Surveys (<https://cfepsurveys.com.au/>).

Workplace Based Assessment of another CPD Program participant

Workplace based assessment tools can provide CPD program participants with a structured review format to review the relevant clinical knowledge of another CPD program participant. The areas covered include the exhibited behaviour of CPD program participants in any particular scenario, reasoning and understanding and finally technical and non- technical skills. The College has suggested the use of a mini-CEX.

Regular Practice Review

Regular practice review (RPR) is an in-depth whole day review of a CPD program participant's practice by another CPD program participant, reviewing many different aspects of the practice. It is a formative assessment rather than summative and aims to help the reviewed physician identify areas of their practice where performance could improve. It is performed in the physician's usual practice setting. The College recognizes that for rural or isolated practitioners, face to face peer review group meetings pose a logistic challenge and an RPR is an alternative option for peer review.

RPR aims to assess the physician's practice across the core competencies of clinical expertise, communication, collaboration, management, scholarship, and professional attributes. Ideally the physician will submit audits of her/his medical practice for review. RPR helps to maintain and improve standards of medical practice within the College. It is useful for both quality assurance to external stakeholders and for quality improvement within our group of CPD program participants. Constructive feedback is integral to RPR, and RPR will then inform the Personal Development Plan. The aim is to provide constructive support to the doctor being reviewed which will assist in identifying and addressing good areas of practice and areas of practice which could be improved upon.

RPR is not designed to identify incompetence but enhance clinical practice. It is not a compulsory requirement as part of CPD but will complement ongoing CPD activities and does count towards gaining CPD hours both as a reviewer and reviewee. In the rare case of identification of gross inadequacy by the reviewer the reviewer is obliged to contact the College and inform them of this. It will then be the College's responsibility to investigate the issues identified further.

Reviewers will need to practice in a separate practice from the reviewee and will not be reimbursed for their time. The review process will take a full 8 hours to complete.

It is recommended that each CPD program participant of the College should be reviewed at least once every 3 years. There is no benefit to non-clinical CPD program participants participating in regular practice review.

Process:

The reviewee will volunteer for practice review and will either identify a potential reviewer themselves or will ask the College for help identifying an appropriate reviewer. Both the reviewer and reviewee will be sent an information pack containing all the required documents for the process. They will arrange an appropriate time for a full day of review. A confidentiality document will be signed by the reviewer regarding patient confidentiality. The day of review will start with an initial meeting between the CPD program participants to lay out the process for the day and discuss the reviewee's areas of strength and weakness and the structure of their normal practice. There will follow 4 hours of clinical consultation with the reviewer taking on an observational role. The reviewer will then have an independent meeting with at least one staff member and at least one colleague or registrar practicing in the same clinic if possible.

Prior to the date of review fifty patient feedback forms should be completed (in the information pack) these should then be discussed, and any patient identified issues highlighted. 10 Colleague/co-worker

questionnaires should also be completed by other health professionals that the reviewee deals with on a regular basis. This generally includes Fellow Sport and Exercise Physicians, registrars, radiologists and physiotherapists. The feedback forms should be completed prior to the review and should involve both new and follow-up patients. Ideally, they should be completed by patients on the day of their consultation but can be posted out to patients following their consultation. The next process involves medical record review and ten medical records should be reviewed from a note taking and clinical documentation point of view rather than a clinical practice point of view. The review process will then close with a conclusion interview.

There is no grading or summative part of this process and there is no requirement for a formal report to be submitted to the College. The College should be informed that the review process has taken place and any feedback on the process would be appreciated. If gross inadequacy is identified during the progress this should be fed back to the College and formal discussions will be initiated with the CPD program participant concerned.

Information pack contents:

Reviewee

- Self-assessment questionnaire
- Sample of recommended daily structure
- Patient information sheet
- Patient feedback questionnaire
- Colleague/co-worker questionnaire

Reviewer

- Confidentiality agreement
- Colleague interview guide
- Medical record review guide

College Documents:

- Policy for dealing with regular practice review process issues

The reviewed physician claims the relevant number of hours under Reviewing Performance, and the reviewing physician claims their hours under Education.

Professional Supervision

Professional supervision is recommended for CPD program participants. Supervision can be given by an allied health professional who has professional skills in the area of supervision, e.g., a psychotherapist, counsellor, psychologist or psychiatrist.

Measuring Outcomes

Audit of Medical Practice

CPD activities provide reassurance to regulatory bodies (MBA, MCNZ, AHPRA) and the public that individual doctors are maintaining clinical competence. Audit is strongly associated with maintenance of competence. The term Audit of Medical Practice has replaced Clinical Audit, recognising that not all CPD program participants are necessarily in clinical practice.

Definition of Audit of Medical Practice

Audit of medical practice is defined as a systematic, critical analysis of the quality of the CPD program participant'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.

It is the critical analysis element that transforms a simple data-gathering exercise into a powerful tool with potential for improvements in competence, patient and clinician satisfaction.

ACSEP Requirements

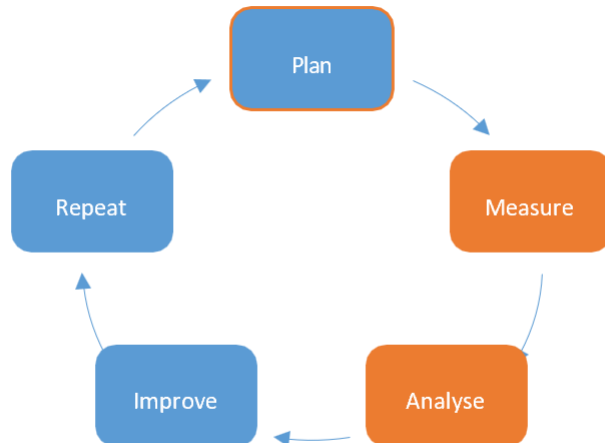
The ACSEP strongly recommends that CPD program participants include one audit of medical practice as a part of their CPD each year. CPD program participants are encouraged to attach their audit to the CPD portal under Audit of Medical Practice. Your audit must be made available if requested, as part of an ACSEP audit of documentary evidence of claimed CPD.

Audits may be done individually or as a group. If done as a group, each member must contribute equally to the audit process.

If CPD program participants are uncertain whether a planned audit will satisfy CPD requirements, they are encouraged to contact National Office early in the process.

How to plan and perform an Audit

Whilst a stand-alone audit will suffice for CPD purposes, ideally an audit is just one part of a continuous quality improvement (CQI) cycle:



1. Plan

Select an area of practice that you feel could be improved upon. Equally, you may choose an area of practice you feel quite happy with and want to confirm you are within accepted guidelines.

Your selection may be based on an issue that has arisen during a peer review discussion or practice meeting, or on patient and/or referrer feedback.

Part of the planning process involves identifying which standard(s) your data will be measured against. This might include peer group data, nationwide or state-wide standards, or data obtained via a brief literature review.

For those in a group practice, each group member should take responsibility for one aspect of the exercise, so that all members are contributing equally. For example, one might collate data, another will research criterion standards to measure group results against, two might compare group data against the criterion standard and all would measure their own data against the group.

2. Measure

Data collection should be undertaken in a systematic fashion according to the requirements of the audit. Qualitative patient or referrer surveys may make use of online platforms such as Survey Monkey.

3. Analyse

This is a key part of the audit and transforms the process from a mere data gathering exercise into one where Fellows demonstrate critical analysis of their results.

If done as a group, each member needs to reflect on his/her individual practice and how it relates to the group data. A similar thought process should be applied when comparing group data to external standards (if available).

CPD program participants are encouraged to critically appraise their data, ask questions, and draw conclusions. Consider what conclusions can be drawn and why. If significant differences are found between your data and others, consider why this might be.

Placing the above in a peer review context – i.e. obtaining feedback from your peer group – increases the power of the analysis.

If an individual or group is found to be an outlier, consider why this may be, and what steps (if any) might need to be taken to change this.

4. Improve

Plans may be put in place to improve practice, based on the above analysis. Examples include attendance of education sessions and/or conferences, up skilling in a particular procedure and alterations in communication policies & procedures.

5. Repeat

The audit should be repeated at some stage to ensure maintenance of quality and/or continuous improvement.

If significant deficiencies were found, you would ideally want to re-audit in 6-12 months for Quality Assurance purposes. For CPD purposes however, the repeated audit could not be submitted again in that triennium.

Examples of Audits

An audit of medical practice may take many forms. The specifics will be determined by the nature of each CPD program participant's employment. Examples include:

Fellows in clinical practice

- Audits of clinical procedures, e.g., ultrasound-guided injections, compartment pressure testing. You may wish to audit treatment outcome, adverse outcomes, consent procedures or another aspect of care.
- Patient or referrer satisfaction surveys.
- Audits of written outputs, e.g., patient records, referral letters, radiology requests and letters back to referrers. You may wish to audit the appropriateness of your radiology referrals or accuracy of referral letters. There are many existing standards and guidelines that can be accessed via the web to help.

- Tour reports: These need to reflect on your own practice during the tour, make comparisons with past reports if available, and plan for improvements in your own practice and for future tours; and
- Health & Safety audit to ensure compliance with relevant legislation.

Examples of activities that do not constitute Audit of Medical Practice for these purposes

- Audits of another CPD program participant's 's practice; and
- Audits of another club's medical services.

Audit templates

The CPD Committee has occasionally received requests from CPD program participants for "audit templates". There are no audit templates, in the same way that there are no Fellowship Examination answer templates, as there is no one size-fits-all template that can be applied to any given audit.

Part of the audit process involves creating an audit that meets the needs of the individual or practice, and seeks to answer a specific question, which will necessarily differ from practice to practice.

A possible exception is a patient satisfaction survey, of which numerous examples can be found on online platforms such as Survey Monkey (an example is given in Appendix 1, as part of the resources for RPR). Even then, the CPD Committee recommends that these be customised to fit the respective CPD program participant or practice.

Write-up

Your write-up needs to encompass the following. It is not intended that this be particularly onerous:

- Outline including rationale behind audit
- Brief literature review (if applicable)
- Data collection and methods
- Results
- Analysis of results, comparing to group data (if applicable) and/or external standards; and
- Plans – changes to practice, timeframe for repeat audit.

Other activities that may be claimed under the Measuring Outcomes category

- Contribution to evaluation/development of an endorsed policy in the workplace (where the contribution is based on review of data/measurement of outcomes)
- Development of new legislation (where the development is based on a review of health data outcomes)
- Incident reporting / monitoring, e.g. mortality and morbidity reviews
- Comparison of individual / team data with local, institutional, or regional data sets
- Institution audits, accreditation
- Analysis and reflection on health outcomes data as part of research related activities
- Critical Incident review and analysis.

Educational Activities

Conferences/meetings

Attendance at the ACSEP and SMNZ Conferences is strongly encouraged by the College. The conferences and their associated seminars, lectures and meetings enhance CPD program participants' knowledge base and management skills as a SEM physician. Attendance at other conferences and other meetings is also important as they provide CPD program participants with opportunities to discuss SEM issues in a collegial/multidisciplinary environment.

CPD program participants may also wish to attend other relevant conferences and meetings throughout the year. In order for such hours to be credited, the Conference or meeting must be relevant to a CPD program participant's SEM practice.

Documentary evidence should include a copy of the program with the sessions attended clearly marked.

Lectures, short courses, workshops

Documentary evidence needs to include the program or some other form of documentation of the activity.

Courses leading to a formal qualification

This includes taking part in study as part of a recognised University or medical college or professional educational body administered course leading to a formal qualification (Degree, Diploma). Examples include Masters of Sports Medicine.

Topics that do not relate to Sports Medicine will not be included. For non-sports and exercise medicine (e.g., Education), participants are encouraged to contact the College to ascertain the eligibility of their course for CPD hour accreditation. The College requires confirmation of enrolment from the Education provider to ascertain eligibility.

Involvement on College Committees

Time spent working on college committees, including being an accrediting Fellow for training practice accreditation.

Involvement in the mental health peer support group for both training and provision of said support. Provision of support requires no base documentation due to the sensitive nature of this service provision.

Promotion of SEM

Activities that promote SEM includes careers forums, medical student interviews, or ACSEP Registrar interviews.

Visit to GP

All CPD Program participants are strongly encouraged to have their own GP as part of self-care.

Clinical Training Supervisor modules

All ACSEP Fellows who are involved in regular teaching of registrars (including Clinical Training Supervisors (CTS) and Clinical Training Instructors (CTIs) must complete all four CTS modules once in each triennium. This is a mandatory program-level requirement for these Fellows only.

General teaching

General teaching activities may include but are not limited to:

- Teaching on ACSEP courses/workshops
- Development of educational materials
- Assisting with the development and/or implementation of STP education support projects
- General teaching activities to Registrars, undergraduates or other health professionals
- Acting as an examiner for ACSEP, University or other recognised educational institution
- Acting as an assessor for ACSEP, AMC, University or other recognised institution.

Case-based teaching of registrars

Case-based teaching (the equivalent of hospital based “bedside teaching”).

Clinical teaching of registrars

Other teaching of ACSEP registrars, formal or informal.

ACSEP tutorial program presentation

Documentation should ideally be a signed letter from Chair of Training acknowledging that the presentation has been given (provided by National Office staff or the registrar organising the tutorial).

Clinical teaching of external Registrars/Students

This refers to the structured formal teaching and/or supervision of medical students or other doctors, or other health professionals organised through a university medical education program or student placement program. (A request for the teaching activity from the relevant teaching institution is recommended as documentary evidence). These are activities directly related to education and reinforce the attributes of a Specialist Sport and Exercise Medicine Physician, particularly that of Medical Expert, Scholar, Communicator, Collaborator, Manager, Health Advocate, and Professional. The preparation of lectures, tutorials and small group workshops are examples of recognised teaching activities. Office based teaching of an external registrar or student is an example of this activity.

Assessment of Registrars

- Workplace based assessment (DOPS, Mini-CEX)
- Review of Registrar learning plans
- Six-monthly progress reviews.

Clinical examiner duties – question writing, marking and examiner training workshops

The role of an examiner is crucial to ensuring that the College runs high quality examinations. Contributing to clinical examination activities is a valuable CPD activity. For ACSEP clinical exams, the ACSEP appoints a court of examiners who are allocated one of four exam categories. They are required to examine Registrars against the guidelines specified by the Examinations and Assessment Committee.

Education sessions delivered to other health professionals, teams, etc.

Networking and liaising with other health professionals and training organisations will lead to a coordinated, multidisciplinary needs-based and locally relevant education program. This will lead to raising the profile of an SEM sports physician and ultimately improve patient health outcomes. The ACSEP education programs are developed to maintain and enhance the knowledge, skills and abilities of MDTs through skill building and active participation in sessions on important issues relevant to

contemporary practice. This category also includes education sessions made to non-medical audiences, such as: community groups, sporting teams and other health professionals.

Peer review of a manuscript

Providing peer review of a manuscript at the request of a journal editor.

Presentation or poster at a conference

Presentation at a conference- either podium or poster.

Mentoring a registrar

The role of being a mentor to an ACSEP registrar is considered of vital importance in the training of a future SEM physician. This would involve informal and at times informal face-to-face meetings.

Reviewer of a colleague for Regular Practice Review

Being a reviewer for a formal Regular Practice Review of another CPD Program participant.

A RPR takes one whole day and involves a detailed review of that CPD program participant's 's practice. See resources on the CPD web-portal.

Research and personal learning activities

Sport and Exercise Physicians are responsible for maintaining their skills, knowledge and competence and for keeping up to date with developments in their area of practice, as well as developments in clinical and sports science. These requirements can be met by participating in research and other personal learning activities.

ACSEP Online learning modules (via SEM Academy)

There are many online ACSEP e-learning modules that the ACSEP encourages CPD Program participants to complete. These can be accessed through the College website and SEM Academy.

Please note that completed modules need to be recorded manually in the CPD portal. On completion of a module a certificate is issued which is used as the base record for documentation of completion of the module. The College can also verify completion of modules recorded in the CPD portal.

Reading journal articles

Reading of peer reviewed journals independently or as part of a journal club is encouraged through self-education and professional reading. The structure self-study category refers to activities that are undertaken on an individual basis. These activities, which include reading and learning through print and web media, are undertaken by the individual CPD program participants on topics relevant to the practice of Sport and Exercise Medicine. Uploading of the article into the portal is an acceptable base record.

Editor or subeditor of a peer reviewed journal

First or contributing author in a peer reviewed journal, other educational article or book chapter

Publication of scientific or educational content in a peer reviewed journal or other appropriate literature. To claim, attach a copy of the publication or a reference as a base record.

Contribution to the development of education, training and resources

These include activities directly related to education or training that will help contribute to the learning of other CPD program participants, Registrars and other health care professionals. Examples of these activities may include but are not limited to:

- Preparation of presentations at academic, scientific or educational conferences
- Contributing to the development and implementation of ACSEP assessments and examinations
- Preparation of formal teaching material.

Community service

Involvement in some form of voluntary unpaid community service (outside the role of being a doctor) usually gives back to the individual as much, if not more, than what is given, and contributes to personal growth, which in turn can make a CPD program participant a better physician (Maximum 2 hours per annum). Following a review of evidence supporting CPD activities, this activity will be phased out and will no longer be claimable for CPD from 2025.

Specialist high-level requirements

The following activities are specialist high-level requirements for Specialist Sport and Exercise Physicians and program-level requirements for other ACSEP CPD Program participants.

Completion of an emergency management course (completed once per triennium)

The ACSEP has a requirement that CPD Program participants are competent in the management of medical emergencies. Once per triennium a CPD Program participant must complete ANY ONE of the following courses:

- Basic Cardiac Life Support course (BCLS)
- Advanced Cardiac Life Support course (ACLS)
- Management of Sports Trauma course (MOST)
- MOST Refresher
- AFL Emergency Care Course, or Immediate Care in Rugby course (Level 2 or 3 course).

Documentary evidence: Certificate of completion

Anti-doping Education (completed once per triennium)

A formal course is required once per triennium. However, it is recommended that CPD Program participants update themselves annually regarding any forthcoming changes to the Prohibited List or WADA Code.

1. Sport Integrity Australia (Medical Practitioners Course)
https://elearning.sportintegrity.gov.au/blocks/androgologic_catalogue/index.php
2. DFSNZ online module (Level 2)
<https://drugfreesport.org.nz/education/e-learning/>
3. Certain sports may have their anti-doping education modules. CPD Program participants will need to submit written evidence of completion.

Documentary evidence: Certificate of completion

List of CPD Activities

Educational activities (12.5 hrs.)	Practice evaluation (25 hrs.)	
	Reviewing performance (min 5 hrs.)	Measuring outcomes (min 5 hrs.)
<ul style="list-style-type: none"> • Conferences/meetings – ACSEP scientific meeting or other relevant meeting. • Lectures, short courses, workshops. • Courses leading to formal qualification. • Completion of an emergency Management course (MOST or other). • Involvement in college committees. • Promotion of SEM – activities that promote SEM through career forums, medical student interviews, ACSEP registrar interviews. • Visit to GPs as part of self-care. • Clinical Training Supervisor modules – for Fellows involved in teaching of registrars. • General teaching activities including – ACSEP courses, development of educational material, assisting with STP education support projects, acting as an examiner, acting as an assessor. • Case-based teaching. • Clinical teaching of registrars. • ACSEP tutorial program presentation. • Clinical teaching of external registrars/students 	<ul style="list-style-type: none"> • Annual conversation. • Compiling PDP. • Peer Review activities • Joint review of cases. • Presentation of difficult cases. • Chart reviews. • Critique of a video of consultations on field management. • Review of clinical practice protocols. • Clinical research presentation. • Review and discussion of cultural competency. • Ethical or clinical work issues. • Group clinical audits. • Practice visits for the accreditation of a training post. • Practice meetings for the purpose of patient care – quality assurance. • Discussion groups. • Multisource feedback. • Work based assessment of another fellow. 	<ul style="list-style-type: none"> • Audit of medical practice – analysis of the quality of one’s own practice. • Contribution to evaluation/development of an endorsed policy in the workplace (contribution is based on review of data/measurement of outcomes). • Development of new legislation (where the development is based on a review of health data outcomes). • Incident reporting/monitoring, e.g., mortality and morbidity reviews. • Comparison of individual / team data with local, institutional, or regional data sets. • Institution audits, accreditation. • Analysis and reflection on health outcomes data as part of research related activities. • Critical Incident review and analysis.

<ul style="list-style-type: none"> • Assessment of registrars • Clinical examiner duties-question writing, marking and examiner training workshops. • Education sessions delivered to other health professionals. • Presentation or poster at a conference. • Mentoring. • Reviewer of a colleague for regular practice review. • Research and personal learning activities. • ACSEP online learning modules. • Cultural Competency activities. • Reviewing Journal articles. • Reading MCNZ standards for Doctors Statements. • Reading NZ Health and Disability Commission Code of Rights or the Australian Charter of Healthcare Rights. • First or contributing author in a peer reviewed journal. • Editor or sub editor of a peer reviewed journal. • Contribution to the development of education, training and resources. • Community service activities (max. 2 hrs. p/a). 	<ul style="list-style-type: none"> • Regular practice review – in-depth whole day review of a practice by another Fellow. • Professional supervision. 	
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Requirements for non-clinical CPD Program participants

From 2024, ACSEP CPD Program participants no longer participating in clinical practice are now required to meet the updated CPD registration standards, this includes the completion of 50 hours of CPD requirements.

All non-clinical CPD Program participants are now required to meet the following requirements:

CPD Program requirements

- Undertake and document an Annual Conversation with a colleague
- Develop an annual written Professional Development Plan (PDP)
- At least 25 hours of Practice Evaluation (with a minimum of five hours each of (i) Reviewing Performance and (ii) Measuring Outcomes)
- At least 12.5 hours of Educational Activities
- A further 12.5 hours which can be claimed anywhere across the CPD program (in either of the above two categories)
- Self-evaluate your CPD activity at the end of each year as you prepare your PDP for the next year.
- Retain records of CPD activity for 3 years

Additional program-level requirements

- Cultural Safety (min. 2 hours per annum)
- Addressing health inequality (min. 1 hour per triennium)
- Professionalism (min. 1 hour per triennium)
- Ethical practice (min. 1 hour per triennium)

Non-clinical CPD Program participants who are registered as Specialist Sport and Exercise Physicians must also meet the following requirements:

Specialist high-level requirements:

- Emergency course relevant to your practice (once per triennium)
- An anti-doping education course (once per triennium)

Examples of CPD activities which may be suitable for non-clinical CPD Program participants include:

CPD Category – Reviewing Performance

Activity	Evidence of Activity
Professional Development Plan (Mandatory)	Plan or documentation that an employment associated plan has been created.
Annual Conversation (Mandatory)	Evidence can include a summary of conversation including date, place, and people involved or documentation that a conversation has occurred.
Peer review group meetings	Evidence can include an outline of activities and a summary of learnings.
Reflective Journal	Evidence can include a report on your journal and experiences of work incidents, and a plan to use the experience to improve and develop professionally

Category – Measuring Outcomes

Activity	Evidence of Activity
Audits of your own practice or of your organisation.	Results, a summary of the audit, and or/personal reflections.
A quality improvement project	Results, a summary of the project, and/or personal reflections.
Contribution to evaluation/development of an endorsed policy in the workplace (contribution is based on review of data/measurement of outcomes)	Policy, a summary of the policy, and/or personal reflections.
Leading, analysing, or writing reports on healthcare outcomes	Results, a summary of the report, and/or personal reflections.
Development of new legislation (where the development is based on a review of health data outcomes).	Copy of legislation, a summary of the legislation, and/or personal reflections.

Category – Educational Activities

Activity	Evidence of Activity
Attendance at ACSEP National Conference	Evidence should include a copy of the program with the sessions attended clearly marked.
Lectures, short courses, workshops	Evidence needs to include the program or some other form of documentation of the activity.
Courses leading to a formal qualification	Evidence should be the confirmation of enrolment from the Education provider to ascertain eligibility.
Presentation or poster at a conference.	Evidence confirming acceptance of presentation/poster.
Research and personal learning activities.	PDF of article uploaded to CPD portal.
Reviewing Journal articles.	Copy of confirmation email.
First or contributing author in a peer reviewed journal.	Evidence of acceptance for publication.
Editor or sub editor of a peer reviewed journal.	Evidence confirming role (e.g., email, copy of journal etc.)

CPD activities provided by ACSEP

ACSEP Management of Sports Trauma (MOST) Course

Description	The course covers the ABC of sports trauma management, as well as key learning points for safe emergency management of medical collapse, concussion, acute management of medical problems, environmental impact and resuscitation. The course covers CPR/BLS and ALS Resuscitation as well as the assessment and management of a range of trauma related scenarios.
Activity type:	Educational Activity
CPD Hours:	16 hours (including pre-workshop module)
Format:	Face-to-face workshop and pre-workshop eLearning module
Frequency:	4 x per year in major cities across Australia and New Zealand
Cost:	https://www.acsep.org.au/page/about/the-college/fees
Further information:	https://www.acsep.org.au/page/events/most-course

ACSEP Ultrasound Workshop

Description	The MSK Ultrasound Workshop provides a teaching environment using Sonosite machines and the opportunity for hands on experience in diagnostic imaging and interventional techniques.
Activity type:	Educational Activity
CPD Hours:	10 hours
Format:	Face-to-face workshop
Frequency:	One per year at ACSEP Annual Scientific Conference
Cost:	https://www.acsep.org.au/page/about/the-college/fees
Further information:	https://www.acsep.org.au/page/events/most-course

ACSEP Annual Scientific Conference

Description	ACSEP offers an Annual Scientific Conference once per year which includes three days of presentations and practical sessions offered by leading experts in Sport and Exercise Medicine from Australia, New Zealand and across the globe.
Activity type:	Educational Activity
CPD Hours:	15+ hours
Format:	Face-to-face presentations and practical sessions
Frequency:	Annually in November
Cost:	https://www.acsep.org.au/page/about/the-college/fees
Further information:	https://www.acsep.org.au/page/events

SEM Academy

Description	SEM Academy provides users with 70+ interactive, online learning modules in Sport and Exercise Medicine developed by leading experts from across the globe.
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Activity type:	Educational Activity
CPD Hours:	300+ hours
Format:	eLearning Modules
Frequency:	Available online at any time
Cost:	Included in membership
Further information:	https://semacademy.org/

Relevant Policies:

[P018 – Ethical Sponsorships, Advertising and Donations Policy.](#)

Framework for assessing CPD activities

The ACSEP CPD Committee is responsible for reviewing and approving CPD activities for ACSEP CPD Program participants. This committee assesses whether activities are of educational value and align with the registration requirements, College standards and criteria for CPD, as well as their relevance to Sport and Exercise Medicine practice.

The CPD Program has been developed in consultation with the ACSEP Fellowship to ensure that it meets the needs of Specialist Sport and Exercise Physicians and reflects current educational principles and regulatory requirements that are outlined by the Medical Council of New Zealand (MCNZ) and the Medical Board of Australia.

Criteria and processes that the Committee uses for assessing CPD activities may include:

- Scientific rigor, educational methods, ethical considerations and alignment with the College's professional standards.
- Relevance to the Sport and Exercise Medicine scope of practice.
- Professional standards that encompass a range of knowledge, skills, and attributes required for safe and effective medical practice.
- Current clinical practice guidelines and evidence-based medicine providing the latest information, research findings, and best practices in SEM.
- Conducting needs assessments to identify the gaps and areas of improvement in knowledge and skills such as surveys, audits, feedback from Sport and Exercise Physicians, analysis of medical trends and advancements, and consultation with experts in different specialties.
- Emerging medical issues, advancements, and challenges within the healthcare system to ensure that CPD Program participants stay updated and equipped to provide optimal care.
- Seeking advice from internal and external sources regard cultural safety activities, including the ACSEP Indigenous Health Advisory Committee, the Australian Indigenous Doctors Association, Te Ohu Rata o Aotearoa and Pasifika Medical Association.
- Requirements as directed by regulatory bodies including the Medical Board of Australia, Australian Medical Council, Medical Council of New Zealand etc.

The Committee also seeks member feedback to help shape the content of CPD activities. This input may be done through surveys, peer review groups, email feedback or committee discussions.

These areas inform the ongoing development of the CPD program and are mapped to several core competencies adapted from the requirements outlined in MCNZ and MBA requirements including:

- Medical Care and clinical expertise
- Communication
- Collaboration and management
- Scholarship
- Professionalism

Compliance with CPD requirements is reviewed annually by the Committee and a random audit of 5% of participants is undertaken to ensure the quality of CPD is being maintained.

CPD activities provided by external organisations

ACSEP does not routinely accredit external organisations' CPD activities. CPD Participants are recommended to complete a self-assessment of activities run by external organisations against the criteria above and the list of acceptable CPD activities provided.

If the CPD Program participant is uncertain of the suitability of a CPD activity, they may seek advice from the ACSEP CPD Committee by providing information on the activity, including the program, learning outcomes, sponsorship details and relevance to SEM via email to cpd@acsep.org.au. This will be reviewed by the CPD Committee for suitability based on the criteria outlined above and the participant will be informed of the outcome via email.

As a general rule, activities provided by Specialist Medical Colleges accredited by AMC and/or MCNZ will be accepted. Relevant activities provided by other peak organisations with authority and expertise in relevant areas (such as the Sport Integrity Australia, Australian Indigenous Doctors Association (AIDA), Te Ohu Rata o Aotearoa, Pasifika Medical Association) will also be considered acceptable.

CPD Program participants may be requested to provide further details about CPD activities as part of the quality sampling process during the annual audit. This information will be used to inform the continuous improvement of the ACSEP CPD Program.

Please also refer to the following policies applicable to ACSEP's assessment of CPD activities:

- [Conflict of Interest Policy](#)

Continuous Quality Improvement of the CPD Program

Changes to the ACSEP Continuing Professional Development framework will be required periodically to keep up to date with regulatory requirements and trends in education applicable to the CPD program. The CPD Committee meets at least twice a year to discuss changes in the education environment and approve any modifications to the requirements for each component of the CPD requirements. CPD guidance documentation is updated on an annual basis and provides a method for CPD Program participants to easily be aware of their CPD requirements. Changes to the CPD Program requirements will be communicated to CPD Program participants via the ACSEP website and ACSEP Run-down newsletter at least 6 months prior to coming into effect.

CPD Program participants are invited to provide feedback and suggestions regarding the CPD Program to the CPD Committee via email (cpd@acsep.org.au) at any time.

Requesting further support & guidance

CPD Program participants with queries regarding CPD activities, how to meet program requirements or requiring additional guidance can contact the CPD Committee and ACSEP National Office team via email (cpd@acsep.org.au). The process for managing queries from CPD participants is outlined below.

Process for queries from CPD Participants

