

## Guideline

Subject: **CPDP: Peer Review, Quality and Outcomes Measures, Professional Development Plans and Structured Annual Conversations**

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### Introduction

The medical and dental boards and councils of Australia and New Zealand take the evidence-based view that effective CPD includes more than didactic educational activities to achieve a beneficial effect on practitioners' performance and patient outcomes.<sup>1</sup> They emphasise the importance of practitioners participating in practice review, feedback sessions, and planning to meet professional development needs.

Requirements for strengthened CPD include activities designed to:

- Improve knowledge (group and personal study)
- Assess doctors' performance in practice (peer review)
- Measure the outcomes of professional practice (quality and outcomes measures)

These activities should be planned and reviewed in accordance with a Professional Development Plan (PDP). The MCNZ requires that these activities are also supported by an annual conversation with a peer, colleague or employer. The RCPA also recommends this approach for all CPDP participants.

The RCPA CPDP allows flexibility in how these activities are carried out and documented. This document offers non-prescriptive guidelines to assist with these processes.

### Peer review

Peer review means that your colleagues and others with whom you interact are observing, reviewing and providing feedback on your performance. It also includes your reflection on feedback provided, and planning strategies for improvement. Peer review should be constructive rather than judgmental. It may take place in a private or group setting, and it may be formal or informal. It should be relevant to your scope of practice.

Category C of the RCPA CPDP includes a range of activities that may fulfil the purpose of peer review. Some may be more relevant to your practice than others, and the selection of codes is intended to offer flexibility for participants in all disciplines to choose the most relevant to themselves.

While the primary focus of peer review is seeking feedback from your peers on your own performance, you may also be asked to provide feedback on the performance of others. Sometimes this can result in reflecting on your own practice and potentially making changes to your practice as a result of your review of others. In such cases, generally where the specialists involved have similar levels of experience, the activity may be claimed in either Category C or B by both specialists at their discretion.

If you find that the activities listed against codes in the tables do not describe your activity accurately, you may enter the activity under 'other activities' for the category concerned. You may contact [cpdp@rcpa.edu.au](mailto:cpdp@rcpa.edu.au) for advice or to suggest additional activities for possible inclusion in future manuals.

## Quality and outcomes measures

These activities are included in Category D of the RCPA CPDP. They are mainly concerned with measuring the outcomes of your practice or that of your team, and planning quality improvement strategies. They should be relevant to your scope of practice. They generally involve comparison with:

- RCPA QAP or other quality assurance results, reports and standards
- Data from independent or external sources
- Established standards and guidelines
- The expectations of those to whom you report

There is some overlap between Categories C and D because both involve identifying opportunities for quality improvement. Participants may use discretion in choosing the most appropriate category, but any given activity may be recorded in one category only.

If you find that the activities listed against codes in the tables do not describe your activity accurately, you may enter the activity under 'other activities' for the category concerned. You may contact [cpdp@rcpa.edu.au](mailto:cpdp@rcpa.edu.au) for advice or to suggest additional activities for possible inclusion in future manuals.

## Professional Development Plans

All RCPA Fellows registered with the MBA, MCNZ and DCNZ must complete an annual PDP. A declaration that this has been done will be required when submitting an annual return. It is not compulsory to upload the document, but it must be produced if audited.

A PDP can help you to identify:

- What you need to learn/achieve and why
- How and when you intend to learn/achieve it
- How you will know when you have learned/achieved it
- How you can apply and build upon what you have learned

There is no set formula for developing a PDP, however setting goals and gathering peer support are key ingredients. While self-evaluation may be helpful, getting honest appraisal from a peer or senior colleague is more effective.

Individual needs and learning contexts will call for distinct forms of documentation. The RCPA respects and encourages autonomy of specialists in seeking ways to identify and meet learning and professional development needs. Examples of PDPs may be found on the RCPA website.

Development of a learning plan or PDP is recognised as a Category B (Personal Study) activity in the RCPA CPDP. Up to 2 hours may be accredited for initial development of a learning plan, and one hour for each annual update to the plan.

If your progress with the plan is reviewed by a peer, one hour per annum may be recorded under Category C for this activity.

The following strategies may help with identifying learning and professional development needs:

- Define your domains of practice, e.g. as set out in the RCPA curriculum handbooks:
  - Discipline-specific areas of expertise including knowledge of basic science and practical clinical application
  - Management of safety, quality, people, resources, information and legal requirements

- Scholarly activities including research, teaching and learning skills
- Other professional qualities including communication, collaboration, leadership, professionalism and ethics
- Consider feedback from others, e.g. direct personal feedback on your work or 360-degree feedback
- Review your previous peer review and quality activities to identify opportunities for quality improvement
- Reflect on situations or questions in practice that you were not optimally prepared to handle. It may be helpful to keep a diary of knowledge gaps as you encounter them.
- Reflect on any errors or complaints and how they could be prevented in future
- Identify emerging areas of practice highlighted at conferences or in literature or medical news
- Identify any new practical skills or testing procedures that you need to carry out or supervise
- Consider how you could enhance your current practice or roles to improve patient outcomes
- Consider what may be needed to advance your career
- Remember to include measures to enhance your personal wellbeing and resilience

Examples of activities that may help you to achieve your goals and improve your practice:

- Any activities that are part of the RCPA CPDP
- Working with a mentor
- Observing others and asking questions
- Working with a colleague at a double-header microscope
- Performing a practical skill under supervision
- Seeking/accepting feedback from others
- Keeping a personal learning journal or log of interesting cases
- Seeking solutions for practical problems
- Reviewing your achievements
- Documenting outcomes and evidence
- Documenting achievements and identifying opportunities for maintenance and further quality improvement

### **Structured Annual Conversation**

A structured conversation, at least annually, with a peer, colleague or employer about a practitioner's clinical practice is a compulsory component of recertification programs in New Zealand. It is recommended for all other practitioners. The intent is to provide time for the practitioner to reflect on their development needs, goals for learning, and professional activities and plans for the next year. RCPA members are encouraged to use the information they have obtained undertaking activities across all categories of the RCPA CPDP to inform this conversation and may find the outcomes of conversations useful in the preparation of their next PDP.

The conversation provides an opportunity to receive constructive feedback and share best practice. It may also give practitioners the opportunity to explore their satisfaction in their

current role, self-care and any health and wellbeing issues. This can enable them to adjust their practice accordingly, set performance targets for the future, and consider longer-term career aspirations. The MCNZ requires that cultural safety and a focus on health equity must be embedded within these activities. The RCPA recommends that all participants include these considerations.

Suggested procedure:

1. Set aside a time and private place for the meeting. It may be informal, but it should be quiet and free from distractions. Approximately 30 minutes will be enough in most cases.
2. Take to the meeting your last PDP and a copy of your CPDP records.
3. Review your plans and goals from the previous PDP and/or your last meeting if applicable. The following questions, as relevant, may help to structure the conversation:
  - Did you carry out the planned activities?
  - Have you achieved your goals?
  - What have you learnt, or what improvements have you made?
  - Has anything prevented you from carrying out the activities or achieving the goals?
  - Do you have any wellbeing concerns?
  - If so, what can be done to overcome any barriers or concerns?
  - Did you identify any areas where you could improve your knowledge and skills, or gain more experience?
  - What will you do to address your learning needs, and what timeframe is anticipated?
  - What are your career aspirations or planned trajectory?
  - How can your employer or colleagues assist?

## Reference

1. Klass, 'Assessing Doctors at Work - Progress and Challenges', The New England Journal of Medicine, vol.356, no.4, pp.414-5.