

PROGRAM REQUIREMENTS

CPD Australia



At CPD Australia, we uphold values of inclusivity, diversity, and respect for all individuals, paying homage to the rich cultural heritage of Aboriginal and Torres Strait Islander peoples, as well as honouring the diverse backgrounds and experiences of every member of our community. With a commitment to fostering a culturally safe and inclusive learning environment, our CPD Home embraces the principles of equity and cultural responsiveness, ensuring that every participant feels valued and supported on their educational path.

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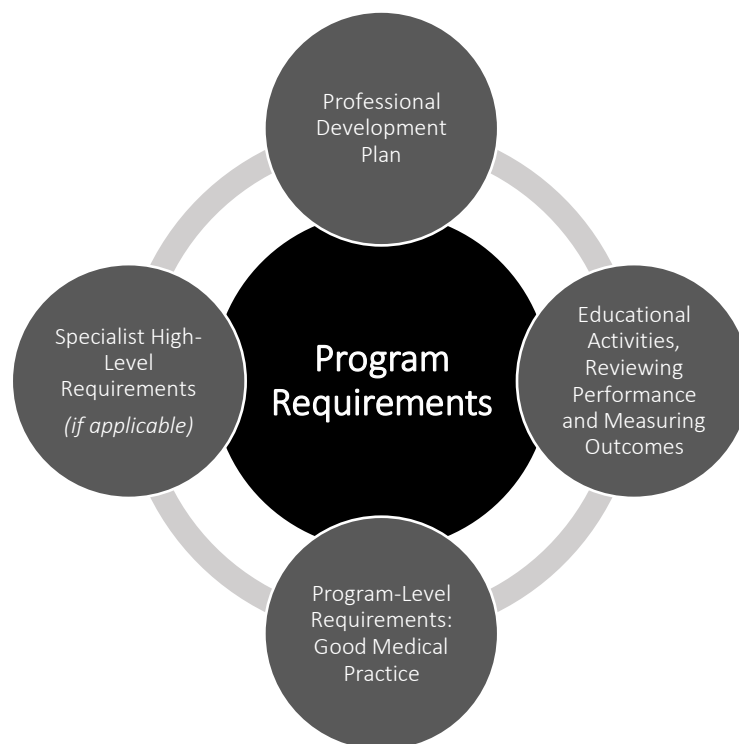
PURPOSE

Our commitment to advancing medical education and supporting the professional development of doctors is the foundation of CPD Australia. We recognise the value of self-directed lifelong learning; our CPD Program is designed to empower practitioners, with a flexible and supportive framework that encourages proactive learning, continuous improvement, and compliance with Australian regulatory standards.

This document applies to all practitioners subscribed to CPD Australia.

CPD AUSTRALIA PROGRAM REQUIREMENTS

Figure 1) CPD Australia Program Requirements



The CPD Australia Program runs over 12 months, from 1st January to 31st December inclusive. Within the CPD cycle, all practitioners are required to complete the following:

1. **Professional Development Plan**
 - Develop a set of objectives to guide the practitioners CPD for the year.
 - Review this plan towards the end of each year (September – December)
2. **Educational Activities, Reviewing Performance and Measuring Outcomes**
 - Complete a minimum of 50 hours per year of CPD activities relevant to scope of practice and individual professional development needs.

- Complete a minimum of 12.5 hours in educational activities.
- Complete a minimum of 25 hours in activities focused on reviewing performance and measuring outcomes (minimum of five hours for each category).
- Complete an additional 12.5 hours in any CPD activity category or combination of categories, to reach the minimum requirement of 50 hours.

3. Program Level Requirements: Good Medical Practice

- Complete at least one activity (minimum 0.5-hour duration) per category, that specifically addresses each of the following objectives:
 - i. Encourage and promote culturally safe practice.
 - ii. Address health inequities.
 - iii. Maintain and develop professionalism.
 - iv. Maintain and develop ethical practice.

4. Specialist High-Level Requirements (if applicable)

- Specialists may be required to complete additional high-level requirements.
- Specialist high-level requirements can vary by year. The most up to date requirements are available via the Medical Board of Australia and will be visible via the portal.
- The option to upload these requirements will be made available by CPD Australia.

Practitioners must retain records of annual CPD activities for audit by CPD Australia and the Medical Board of Australia for at least three years after the end of each one-year cycle. The ability to upload these to the portal will be made available, but practitioners are required to keep their own records. Additional requirements may be set by CPD Australia or by the practitioner, and it is the responsibility of the practitioner to track these and may not be updated on the My CPD Summary page.

ANNUAL PROFESSIONAL DEVELOPMENT PLAN

Practitioners are required to write a Professional Development Plan (PDP) before starting to do CPD each year. A PDP is a strategic roadmap that outlines the practitioner's career objectives, educational needs, and actions to enhance their professional development. Practitioners should familiarise themselves with the requirements stipulated by the Medical Board of Australia [here](#).

Crafting a personalised plan provides direction, clarity, and focus for ongoing learning and growth. Practitioners are recommended to align their CPD activities to goals they have identified in the plan, optimising their learning experiences, and continuously improving practice.

This Professional Development Plan guides to assist practitioners in developing their personalised plans. The following steps are recommended:

Figure 2) Elements of an Annual Professional Development Plan



1. **Career goal:** Set clear, achievable career goals, considering both short-term and long-term aspirations.
2. **Self-Evaluation:** Perform a thorough self-assessment to identify strengths, weaknesses, and areas for improvement. Reflect on previous CPD activities and learning styles while preparing for future development.
3. **Yearly Plan:** Use SMART criteria to outline yearly objectives that will inform CPD activity choices.
4. **Review:** Regularly assess progress toward goals, adjusting objectives as necessary to align with changing needs and opportunities. Use insights gained for future planning.

Practitioners are encouraged to seek advice from supervisors or peers during their professional development planning for valuable insights. Additionally, CPD Australia is available for support and can be contacted through support@cpdaustralia.org

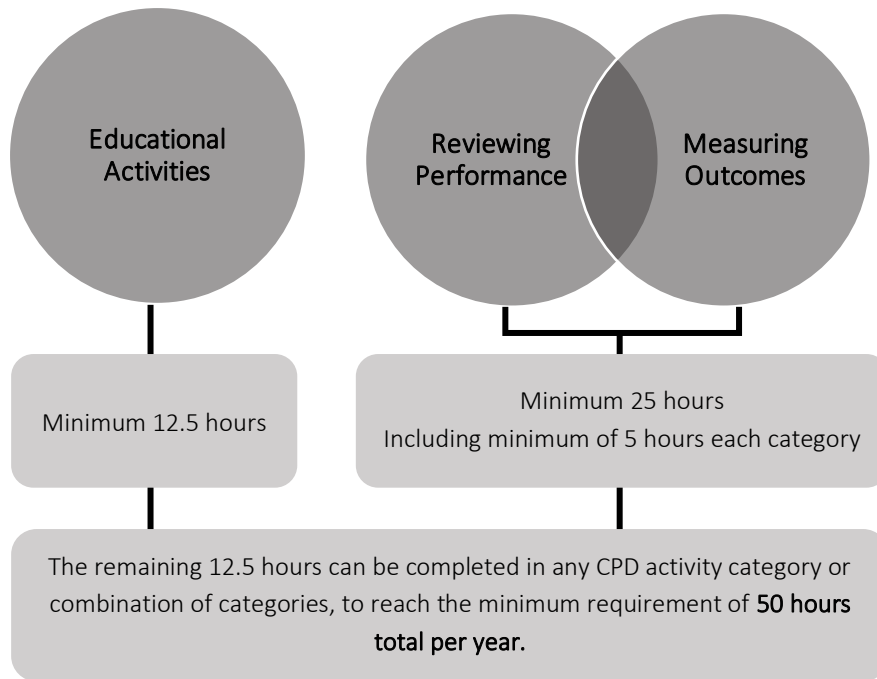
EDUCATIONAL ACTIVITIES, REVIEWING PERFORMANCE AND MEASURING OUTCOMES

To meet the minimum registration standard, practitioners must complete a minimum of 50 hours per year of CPD activities relevant to scope of practice and individual professional development needs. This includes the following breakdown:

- Minimum of 12.5 hours in **educational activities**.
- Minimum of 25 hours in activities focused on **reviewing performance** and **measuring outcomes**.
 - o Minimum of five hours for each category

The remaining 12.5 hours can be completed in any CPD activity category or combination of categories, to reach the minimum requirement of 50 hours total.

Figure 3) Minimum Yearly Requirements for Educational Activities, Reviewing Performance and Measuring Outcomes



EDUCATIONAL ACTIVITIES

Practitioners must complete a minimum of 12.5 hours in educational activities. When assessing whether a CPD activity aligns with the **educational activity** category and is suitable for your professional development, we recommend asking the following questions:

Educational Activities

- Does the CPD activity involve structured learning or education aimed at enhancing knowledge or skills, such as active learning modules, workshops, or lectures?
- Is the primary focus of the activity on acquiring new information, concepts, or techniques relevant to the practitioner’s field of practice, including reviewing research materials or preparing patient education materials?
- Will participation in this activity contribute to the practitioner’s professional development and ongoing learning, whether through executive coaching, mentoring, or studying towards formal qualifications?
- Does the CPD activity promote engagement and interaction, such as small group sessions or discussions in clinical guideline development?
- Is the content of the CPD activity diverse, ranging from examining and assessing to presenting research papers, publishing educational material, or participating in supervised practice?

Within the **educational activity** category, there are several suggested category types, listed in *Table 1*.

For each activity, there are examples of evidence that could be used as proof of completion. In the event of audit by CPD Australia or the Medical Board of Australia, practitioners must be able to reproduce evidence of their CPD activity.

Table 1. Suggested 'Educational Activities' Categories

Activity	Examples of Evidence
Active learning modules	Details of module, date of completion, certificate of completion
Courses and workshops	Sign-in sheets, certificate of completion
Editing or reviewing research or educational material	List of articles/educational materials, letter from author, editor, or organiser
Executive coaching and mentoring	Notes from sessions, letter/email confirmation from coach or mentor
Examining, assessing, and evaluating	Confirmation letter/email confirming involvement
Leading or participating in research	Confirmation letter/email
Lectures, forums, panels	Sign-in sheets, certificate of attendance
Participating in clinical guideline development	Minutes of meetings of development group, letter/email confirmation from appropriate group leader
Participating in committee for education or research	Minutes of meeting, letter/email confirmation
Preparing patient education materials	Copy of material, letter/email confirmation from appropriate organiser/supervisor
Presenting research papers/posters	Copy of research/posters
Publishing research or educational material	Copy of papers/educational material, confirmation letter/email
Reading, viewing, listening	Article name, date written, journal subscription receipt
Reviewing ethics or grant proposals	Confirmation letter/email
Small group sessions	Sign-in sheets, certificate of attendance, registration
Study towards formal qualifications	Confirmation of enrolment, any record of completion of subjects
Supervised practice attachments	Letter of confirmation or appointment
Supervising and mentoring	Mentoring program, program evaluation, letter/email of confirmation
Teaching	Copy of presentation, letter confirming involvement, program

REVIEWING PERFORMANCE

Practitioners must complete a minimum of 25 hours in activities focused on **reviewing performance** and measuring outcomes, with a minimum of five hours for each category.

Reviewing Performance

- Does the activity involve reflective practice aimed at evaluating the practitioner's own performance, actions, or decisions, such as self-evaluation, direct observation, or multi-source feedback?
- Is the primary focus of the activity on self-assessment and critical analysis of the practitioner's practice, including participating in medico-legal work, peer review groups, or a workplace performance appraisal?
- Will participation in this activity help the practitioner identify areas for improvement, for example through reviewing productivity, multi-disciplinary team meetings, or patient experience surveys?
- Does the activity include methods such as self-assessment tools, peer review, case conferences, or multi-disciplinary team meetings to facilitate performance review and evaluation?

Within the **reviewing performance** category, there are several suggested category types, listed in *Table 2*.

For each activity, there are examples of evidence that could be used as proof of completion. In the event of audit by CPD Australia or the Medical Board of Australia, practitioners must be able to reproduce evidence of their CPD activity.

Table 2. Suggested 'Reviewing Performance' Activity Categories

Activity	Evidence
Accrediting/auditing practices, hospitals, training sites	Minutes of meeting, confirmation letter/email
Direct observation of practice	Deidentified report, deidentified report or summary
Medico-legal work (report, expert witness)	Summary of work including dates, confirmation letter/email
Medical services survey/ review	Deidentified copy of survey or copy of review report
Multi-disciplinary team meetings	Date of meeting, chair of the meeting, de-identified minutes of meeting
Multi-source feedback	Report or summary
Participating in clinical governance/QA committees	Minutes of meeting
Patient experience survey	Copy of deidentified survey
Peer review groups	Deidentified record of peer review
Review of work product	Report or summary
Self-evaluation and reflection	Brief summary of reflection/evaluation
Workplace performance appraisal	Short summary Meeting confirmation with date and time
Review of end-of-term assessments	Completed assessment form

MEASURING OUTCOMES

Practitioners must complete a minimum of 25 hours in activities focused on reviewing performance and **measuring outcomes**, with a minimum of five hours for each category.

Measuring Outcomes

- *Does the activity involve assessing the impact or effectiveness of specific interventions, practices, or strategies within the practitioner’s field of practice, such as quality improvement initiatives or root cause analysis?*
- *Is the primary focus of the activity on evaluating the outcomes or results achieved through the implementation of certain practices or interventions, including analysing or writing reports on healthcare outcomes or attending morbidity and mortality meetings?*
- *Will participation in this activity contribute to advancing the practitioner’s understanding of outcome measurement and evaluation methods, for example through assessing incident reports or attending multi-disciplinary team meetings?*
- *Does the activity include elements such as outcome measurement tools, data analysis techniques, or evaluation frameworks to assess practice outcomes, such as leading quality improvement projects?*
- *Is the purpose of the CPD activity to enable the practitioner to measure the effectiveness of their practice in achieving desired outcomes for patients, for example an audit of one’s own practice?*

Within the **measuring outcomes** category, there are several suggested category types, listed in *Table 3*.

For each activity, there are examples of evidence that could be used as proof of completion. In the event of audit by CPD Australia or the Medical Board of Australia, practitioners must be able to reproduce evidence of their CPD activity.

Table 3. Suggested ‘Measuring Outcomes’ Activity Categories

Activity	Evidence
Assessing incident reports	Deidentified report
Audit (practice, national or international)	Record of audit completion, confirmation letter/email from appropriate source
Audit focused on practitioner’s own practice	Record of audit completion, confirmation letter/email from appropriate source
Case conferences	Minutes of meeting, certificate of attendance
Incident report	Deidentified report
Leading, analysing, writing reports on health care outcomes	Deidentified summary report
Morbidity and mortality meetings	Date of meeting, chair of the meeting, de-identified minutes of meeting
Multi-disciplinary team meetings	Date of meeting, chair of the meeting, de-identified minutes of meeting

Quality improvement project	Deidentified summary report
Root cause analysis	Deidentified summary report
Case presentation	Deidentified case summary

PROGRAM LEVEL REQUIREMENTS: GOOD MEDICAL PRACTICE

CPD Australia mandates that practitioners must complete at least one activity (minimum 0.5-hour duration) per category to meet Program-Level Requirements, that specifically addresses each of the following:

1. Encourage and promote culturally safe practice
2. Address health inequities
3. Maintain and develop professionalism
4. Maintain and develop ethical practice

The basis for these Program Level Requirements are aligned with the Good Medical Practice: Code of Conduct which may be found [here](#), and are informed by evidence-based practice. The components of this Code of Conduct are mapped to these Program Level Requirements using *Table 6*.

Figure 4) Program Level Requirements relating to Good Medical Practice



REFLECTION ON ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

CPD Australia recommends that practitioners utilise the activities relating to Program Level Requirements as a framework for critical reflection on Aboriginal and Torres Strait Islander health, in alignment with the ‘Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025’ under the National Scheme. Cultural safety, as defined by Aboriginal and Torres Strait Islander individuals, families, and communities, involves ongoing self-reflection by health practitioners to deliver healthcare that is safe, accessible, and responsive, free from racism.

CPD activities are expected to facilitate this critical reflection process, enhancing clinical practice concerning Aboriginal and Torres Strait Islander health approaches, addressing the impacts of colonisation, racism, and bias on health outcomes, and promoting rights-based approaches to improving health access and outcomes. CPD activities related to culturally safe may involve those provided by Indigenous health professional organisations such as the Australian Indigenous Doctors’ Association or those in collaboration with Aboriginal and/or Torres Strait Islander communities or organisations, promoting culturally sensitive and inclusive healthcare practices.

SPECIALIST HIGH-LEVEL REQUIREMENTS (IF APPLICABLE)

CPD Australia assists specialist-level medical practitioners who have completed a training program to meet their specialist high-level requirements set by the respective Australian college.

These individuals may be required to complete additional high-level requirements specific to their specialty. It is the responsibility of the practitioner to cross-reference their specialist-level requirements as directed by their College to ensure compliance with specific requirements.

By adhering to both CPD Australia's general requirements and their specialty-specific obligations, practitioners can maintain their professional development to a high standard. The table below outlines the expected high-level requirements as they stand in 2024.

Table 4. Expected High-Level Requirements for Specialists

Specialty	High-Level Requirement	CPD Type
Anaesthesia	<p>A specialist anaesthetist must:</p> <ul style="list-style-type: none"> - Complete at least one emergency response activity per year. - Complete at least one of the following activities per year to directly evaluate and reflect on their own clinical practice: <ul style="list-style-type: none"> ▪ Structured patient survey ▪ Multi-source feedback ▪ Peer review ▪ Clinical audit 	<p>Educational activity</p> <p>Reviewing performance and/or measuring outcomes</p>
Emergency medicine	<p>A specialist emergency medicine physician (including all fields of specialty practice) must:</p> <ul style="list-style-type: none"> - Complete three core procedural skills per year: <ul style="list-style-type: none"> o 1x core airway procedural skill o 1x core breathing procedural skill o 1x core circulation procedural skill 	Educational activity
General practice	<p>A specialist general practitioner must:</p> <ul style="list-style-type: none"> - Complete a CPR (cardiopulmonary resuscitation) course every three years. 	Educational activity
Intensive Care Medicine	<p>A specialist intensive care medicine physician must:</p> <ul style="list-style-type: none"> - Complete an airway management of critically ill patients' activity ONCE every 3 years that: - is of a minimum 3 hours duration and involves an in-person practical workshop, preparatory and post activity components that specifically consider: <ul style="list-style-type: none"> o airways assessment o approaches to difficult airway and airway emergencies o teamwork and leadership in an airway crisis o familiarity with equipment o CICO algorithms (can't intubate, can't oxygenate) o management of tracheostomy emergencies 	Educational activity

	<ul style="list-style-type: none"> o simulation activities that should include performing intubation on appropriate mannequins to expose participants to difficult airway scenarios and include team-based responses. 	
Obstetrics and Gynaecology	<p>A specialist obstetrician and gynaecologist must:</p> <ul style="list-style-type: none"> - Complete an in-person Basic Life Support (BLS) program every two years 	Educational activity
Pain medicine	<p>A specialist pain medicine physician must:</p> <ul style="list-style-type: none"> - Complete at least one emergency response activity per year. - Complete at least one of the following activities per year to directly evaluate and reflect on their own clinical practice: <ul style="list-style-type: none"> ▪ Structured patient survey ▪ Multi-source feedback ▪ Peer review ▪ Clinical audit 	<p>Educational activity</p> <p>Reviewing performance and/or measuring outcomes</p>
Psychiatry	<p>A specialist psychiatrist must:</p> <ul style="list-style-type: none"> - Complete a minimum of 10 hours of formal peer review per year. 	Reviewing performance
Radiology	<p>A specialist radiologist must:</p> <ul style="list-style-type: none"> - Complete anaphylaxis training as part of basic or advanced life support training once every three years. 	Educational activity
Sport and exercise medicine	<p>A specialist sport and exercise physician must:</p> <ul style="list-style-type: none"> - Complete the World Anti-Doping Agency/Sport Integrity Australia’s anti-doping education every three years. - Complete any one of the following courses every three-year period: <ul style="list-style-type: none"> ▪ Management of Sports Trauma course (MOST) ▪ Basic Cardiac Life Support course (BCLS) ▪ Advanced Cardiac Life Support course (ACLS) ▪ AFL emergency care course ▪ Immediate care in rugby course (level 2 or 3 course) 	<p>Educational activity</p> <p>Educational activity</p>
Surgery	<p>A specialist surgeon (including all fields of specialty practice) must:</p> <ul style="list-style-type: none"> - Participate in the Australia and New Zealand Audit of Surgical Mortality (ANZASM) by completing all surgical case forms sent to the surgeon by ANZASM. 	Reviewing performance and/or measuring outcomes

GENERAL GUIDELINES FOR ASSESSING ALL CPD ACTIVITIES

To ensure practitioners engage with high quality educational content that facilitates professional development and remains relevant to their scope of practice, practitioners should only select high quality CPD activities which align with the *CPD Activity Evaluation Framework*.

Key elements of the *CPD Activity Evaluation Framework* are reproduced here for convenience:

Figure 5) Essential Criteria for CPD Activities

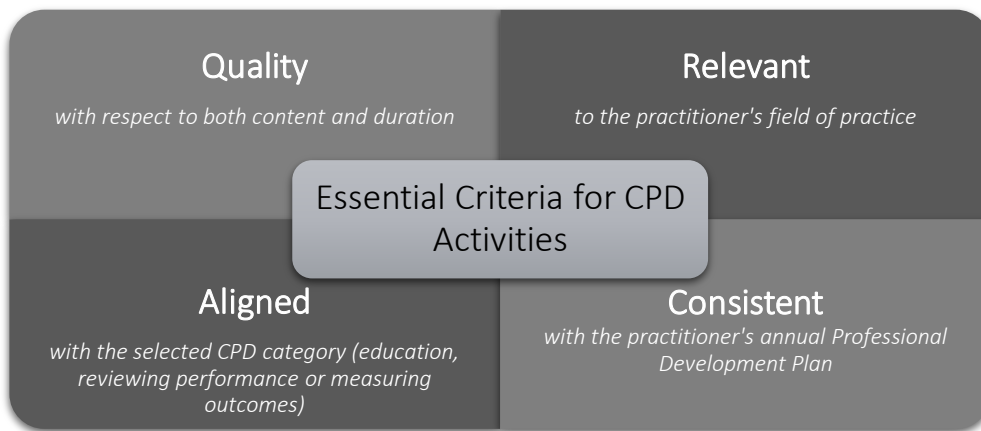


Table 5) Scoping Questions to Identify High Quality CPD Activities

Criteria	Scoping Questions
Relevant to the practitioner's field of practice	<ul style="list-style-type: none"> - Does the CPD activity directly relate to the practitioner's specialty? - Will participation in this activity contribute to improving the practitioner's skills, knowledge, and/or clinical competence? - Can the content of the CPD activity be applied to the practitioner's daily professional responsibilities? - Does the CPD activity address current challenges, advancements, or developments within the practitioner's field of practice?
Consistent with the practitioner's annual Professional Development Plan	<ul style="list-style-type: none"> - Does the CPD activity align with the practitioner's identified professional development goals for the year? - Will participation in this activity help the practitioner to address any identified areas for improvement or skill gaps? - Is the CPD activity complementary to any previous or ongoing professional development activities undertaken by the practitioner?

	<ul style="list-style-type: none"> - Does the CPD activity support the practitioner’s long-term career objectives?
<p>Aligned with the selected CPD category: Educational activities, reviewing performance or measuring outcomes</p>	<ul style="list-style-type: none"> - For educational activities: Does the CPD activity involve structured learning relevant to the practitioner’s specialty – see <i>‘Educational Activities’ above for further details.</i> - For reviewing performance: Does the CPD activity involve reflective practices aimed at evaluating the practitioner’s performance and identifying areas for improvement - see <i>‘Reviewing Performance’ above for further details.</i> - For measuring outcomes: Does the CPD activity involve assessing the effectiveness of interventions, practices, or strategies within the practitioner’s field - see <i>‘Measuring Outcomes’ above for further details.</i>
<p>Quality with respect to both content and duration</p>	<ul style="list-style-type: none"> - Is the content of the CPD activity credible, evidence-based, and of high quality? - Does the CPD activity provide comprehensive coverage of the topic or subject matter? - Is the duration of the CPD activity sufficient to allow for meaningful engagement and learning? - Additional weight is provided if the activity been accredited or endorsed by a reputable professional body or organisation within the practitioner’s field.

MAPPING PROGRAM REQUIREMENTS TO GOOD MEDICAL PRACTICE

To meet Program Level Requirements practitioners must upload activities related to:

- Culturally safe practice
- Ethical practice
- Professionalism
- Addressing health inequities

To guide practitioners, the following areas of the Good Medical Practice: Code of Conduct are mapped to the Program-Level Requirements:

Table 6. Good Medical Practice: Code of Conduct Mapped to the Program-Level Requirements

Good Medical Practice		Program-Level Requirements			
		Culturally Safe Practice	Addressing Health Inequities	Professionalism	Ethical Practice
2. Professionalism	2.1 Professional values and qualities of doctors	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2.2 Public comment and trust in the profession			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Providing good care	3.2 Good patient care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3.3 Shared decision-making	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	3.4 Decisions about access to medical care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3.5 Treatment in emergencies			<input checked="" type="checkbox"/>	
4. Working with patients	4.2 Doctor-patient partnership			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.3 Effective Communication	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.4 Confidentiality and privacy			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.5 Informed consent			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.6 Children and young people			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.7 Aboriginal and Torres Strait Islander health and cultural safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.8 Cultural safety for all communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.9 Patients who may have additional needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.10 Relatives, carers and partners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	4.11 Adverse events				<input checked="" type="checkbox"/>
	4.12 When a complaint is made			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.13 End-of-life care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.14 Ending a professional relationship			<input checked="" type="checkbox"/>	
	4.15 Providing care to those close to you			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4.16 Closing or relocating your practice		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Respectful Cultures	5.2 Respect for medical colleagues and other healthcare professionals			<input checked="" type="checkbox"/>	
	5.3 Teamwork			<input checked="" type="checkbox"/>	
	5.4 Discrimination, bullying and sexual harassment	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Working with healthcare professionals	6.2 Coordinating care			<input checked="" type="checkbox"/>	
	6.3 Delegation, referral and handover			<input checked="" type="checkbox"/>	
7. Working within the healthcare system	7.2 Wise use of healthcare resources		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	7.3 Health advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	7.4 Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Patient safety and minimising risk	8.2 Risk management			<input checked="" type="checkbox"/>	
	8.3 Doctors' performance – you and your colleagues			<input checked="" type="checkbox"/>	
9. Maintaining professional performance	9.2 Continuing professional development			<input checked="" type="checkbox"/>	
	9.3 Career transitions			<input checked="" type="checkbox"/>	

10. Professional behaviour	10.2 Professional boundaries			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	10.3 Reporting obligations			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	10.4 Vexatious complaints			<input checked="" type="checkbox"/>	
	10.6 Insurance			<input checked="" type="checkbox"/>	
	10.7 Advertising			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	10.8 Medico-legal, insurance and other assessments			<input checked="" type="checkbox"/>	
	10.9 Medical reports, certificates and giving evidence			<input checked="" type="checkbox"/>	
	10.10 Curriculum vitae			<input checked="" type="checkbox"/>	
11. Ensuring doctors' health	11.2 Your health			<input checked="" type="checkbox"/>	
	11.3 Other doctors' health			<input checked="" type="checkbox"/>	
12. Teaching, supervising and assessing	12.2 Teaching and supervising			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	12.3 Assessing colleagues			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	12.4 Medical students			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Undertaking research	13.2 Research ethics			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	13.3 Treating doctors and research			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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