

AUDIT POLICY

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.

TABLE OF CONTENTS

<i>Purpose</i>	<i>3</i>
<i>Definitions.....</i>	<i>3</i>
<i>Annual Audit Process</i>	<i>3</i>
Overview.....	3
Phases.....	3
Audit Completion and Reporting	5
<i>User Engagement and Quality Review</i>	<i>5</i>

PURPOSE

This policy is established to govern the quality assurance processes of the CPD Program. In accordance with the guidelines stipulated by The Medical Board of Australia, it specifies the methodology of the Annual Audit Process and outlines the procedural steps undertaken during the audit. It also outlines CPD Australia's quality control mechanisms including the User Engagement and Quality Review process.

DEFINITIONS

Term	Definition
Assessment	The initial phase to determine the appropriateness of CPD activity records against specific criteria outlined in the audit process.
Review	A secondary phase conducted by a CPD assessor to re-evaluate the assessment findings and address any uncertainties.
Appeal	A formal request from a practitioner for an independent assessment of an adverse review finding, by the determination of the CPD Australia Educational Board.

ANNUAL AUDIT PROCESS

OVERVIEW

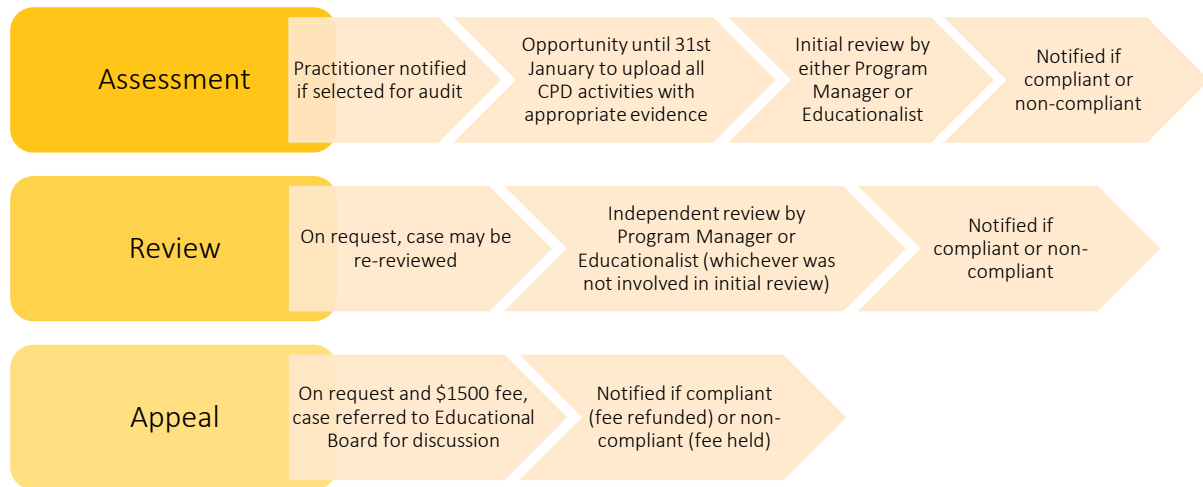
The CPD Program operates on an annual cycle from January 1st to December 31st. In January, practitioners will receive a notification regarding their compliance status. They have until January 31st to log and update their CPD activities for the preceding year.

Practitioners selected for annual audit will be informed via email shortly after January 1st. Audits are conducted between February and March. Those who have received an exemption from the CPD requirements, as per the *Eligibility, Exemptions and Sign-Up Policy*, will not be audited.

PHASES

The CPD Australia Annual Audit consists of three phases: Assessment, Review, and Appeal.

Figure 1) CPD Australia Annual Audit Process



Notification of Audit Selection:

- Each year, after January 1st, CPD Australia will randomly select at least 5% of its eligible CPD Home participants to audit their compliance with the CPD Program for the past reporting period.
- Practitioners who have been previously audited and found to be compliant will be exempt from re-selection for a minimum of three years, unless exceptional circumstances arise.
- Practitioners chosen for the audit will be informed in writing through an email notification.
- Practitioners must ensure their CPD activities are submitted by 31st January with uploaded evidence for each activity.

Phase One: Assessment

- A Standard Setting Meeting, convened in advance of each audit cycle, involving staff members involved in the audit process will be conducted.
- The audit documentation of a selected participant will be initially assessed by either the Program Manager or Educationalist, who are appropriately trained to assess the completeness of evidence and educational quality of the CPD activities undertaken.
- The audit assessment will consider completion of:
 - o Annual Professional Development Plan and review of this plan
 - o Educational Activities, Reviewing Performance and Measuring Outcomes
 - Completion of a minimum of 50 hours per year of CPD activities relevant to scope of practice and individual professional development needs.
 - Completion of a minimum of 12.5 hours in educational activities.
 - Completion of a minimum of 25 hours in activities focused on reviewing performance and measuring outcomes (minimum of five hours for each category).
 - Completion of an additional 12.5 hours in any CPD activity category or combination of categories, to reach the minimum requirement of 50 hours.
 - o Program Level Requirements
 - Completion of at least one activity (minimum 0.5-hour duration) per category, that specifically addresses each of the following objectives:
 - Encourage and promote culturally safe practice.

- Address health inequities.
 - Maintain and develop professionalism.
 - Maintain and develop ethical practice.
- Specialist High-Level Requirements (if applicable)
 - Additional Requirements (if applicable)
- Necessary examples of proof required for learning activities are found in *Program Requirements* document on our website.
- Quality of CPD activities will be assessed against the *CPD Activity Evaluation Framework* as required.
- If any discrepancies or uncertainties are identified, members may be notified via email and provided with opportunity to submit additional evidence or justification.
- Upon receipt of additional information, the Educationalist or Program Manager will complete the review, and provide a determination to the practitioner.
- A participant will be deemed to be 'non-compliant' in the CPD Program if they meet any of the following criteria:
 - fail to record the annual CPD requirements outlined in *Program Requirements*.
 - fail an annual audit.

Phase Two: Review

- If the audited participant disagrees with the initial determination, they may request a formal review. No fee will be incurred at this stage.
- The Educationalist or Program Manager will re-evaluate the case, depending on who did not participate in the original review. The reviewer may consult external experts or the Chair of the Educational Board if needed, which will be communicated to the participant.

Phase Three: Appeal

- The audited participant may appeal the outcome of the review.
- The full process for appeal is outlined in our *Appeals and Complaints Policy*.
- On request and \$1500 fee, the case is referred to Educational Board for discussion. The practitioner will be notified if compliant (fee refunded) or non-compliant (fee held).

AUDIT COMPLETION AND REPORTING

- Following the completion of the audit process, all participants will be notified in writing. Those who have successfully met CPD Program requirements will be issued a certificate of compliance for the CPD year.
- All audit outcomes, including instances of non-compliance, will be reported to the Medical Board of Australia before July 1st.
- As part of our continuous improvement process, the audit's findings and methodology will be examined by the Educational Board and the Organisational Leadership to identify potential enhancements to either the CPD Home or Program or the audit process itself.

USER ENGAGEMENT AND QUALITY REVIEW

In addition to the formal annual audit process, CPD Australia conducts a quarterly User Engagement and Quality Review (UEQR) as part of its broader quality assurance approach. The UEQR is designed to provide the Educational Board with a continuous, evidence-informed understanding of how practitioners interact with the CPD Australia

platform, the quality and consistency of activities submitted, and the broader educational engagement behaviours across the CPD Home.

During each quarter, the Educationalist oversees the collection of the following data for presentation to the Educational Board.

First, the collection and analysis of quantitative data metrics to serve as surrogate measures of user interaction. These include:

- Trends in CPD activities uploaded (average duration, type/category selection, timing of uploaded activities)
- Engagement with the platform (responses in non-mandatory fields, frequency of attached evidence)
- Content of uploads (word counts in text entry fields).

Second, the Educationalist and Program Manager will review records of 5% of practitioners throughout the year to assess the quality, relevance, alignment and content of activities uploaded by practitioners. The Educationalist holds the right to assess user's activities according to the *CPD Activity Evaluation Framework* and may contact individual practitioners to offer support, request clarification, or, if required, reject activities where quality measures are not met.

Each quarter, a summary of UEQR findings are presented to the Educational Board by the Educationalist. Reports may include:

- Emerging themes or anomalies in user engagement;
- Observed trends in the educational quality, relevance, alignment, and consistency of CPD activities;
- Recommendations for platform improvements, practitioner guidance, or educational support resources.

It is important to note that the UEQR is not a formal audit of practitioner compliance and is not used to make determinations about whether an individual practitioner has met their CPD requirements. Rather, it serves as a touchpoint for identifying broader trends, common areas of misunderstanding, and opportunities to improve practitioner support. Where individual records raise questions, the Educationalist or Program Manager may contact the practitioner to seek clarification, offer constructive feedback, or provide tailored guidance. This engagement is framed as supportive rather than corrective, and aims to enhance educational quality and alignment without imposing additional compliance burdens outside of the formal audit process.