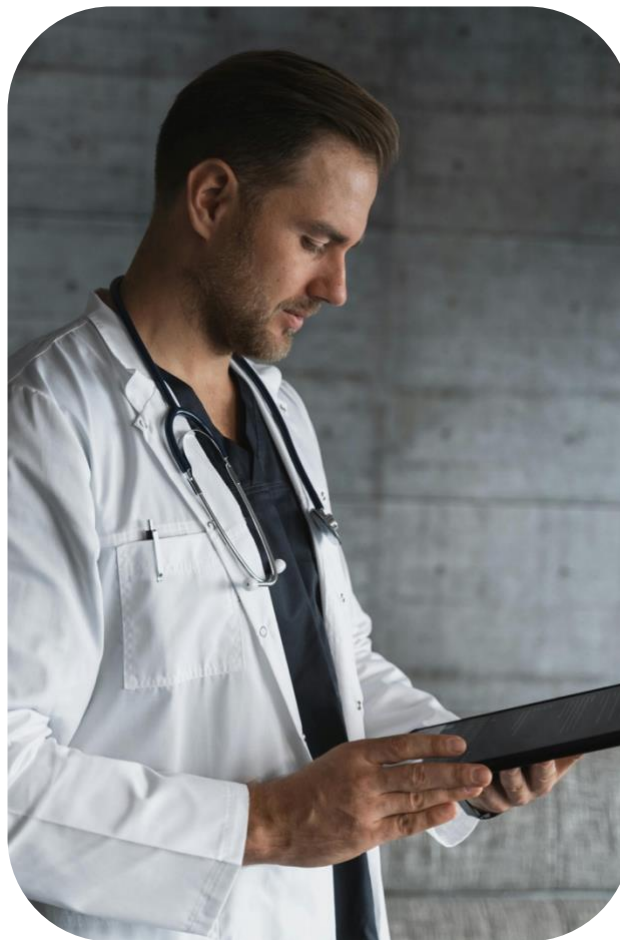# RECOMMENDED CONTENT

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

INTRODUCTION

CPD Australia advocates for practitioners' autonomy in selecting CPD activities and supporting self-directed learning. We believe practitioners benefit from actively choosing learning opportunities aligned with their interests and needs, promoting engagement with their professional development.

If practitioners require support, below is a list of recommended CPD activities that have been vetted and are recognised CPD activities that relate to CPD Program level requirements, along with examples of activities that meet Specialist High-Level Requirements, if required. All activities should be evaluated against the principles in the *CPD Activity Evaluation Framework* to ensure they are of high quality. Further online examples can be found at the *Recommended Content* webpage.

Ultimately, it is the participant's responsibility to ensure they are adequately completing their CPD Program requirements.

RECOMMENDED CONTENT

CULTURALLY SAFE PRACTICE

Consistent with the Good Medical Practice Code of Conduct, CPD Australia encourages practitioners to continue building on their awareness of culturally safe practice, in particular the special responsibilities for Aboriginal and Torres Strait Islander peoples.

Consistent with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, it is expected from CPD Australia that CPD activities allow critical reflection to improve clinical practice in relation to:
- Aboriginal and Torres Strait Islander approaches to health.
- The continuing impact of colonisation, racism, and bias on health outcomes on Aboriginal and Torres Strait Islander peoples.
- Rights-based approaches to improving health outcomes of and access to health services.

To oversee the advice provided to practitioners regarding selection of appropriate CPD activities, external advice has been sought from an independent consultant.

Examples of appropriate learning resources mapped to encouraging and promoting culturally safe practice:

- An Introduction to Cultural Safety: Australian Indigenous Doctors' Association online training. A course offered by the Australian Indigenous Doctors' Association.
- Aboriginal, Torres Strait Islander and Māori Cultural Competence and Cultural Safety: A free online course offered by Royal Australasia College of Physicians, providing training on cultural safety and competence in healthcare.
- Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 provided by the Australian Government Department of Health. This framework offers comprehensive guidance and resources for healthcare professionals to enhance their understanding and practice of culturally safe

care for Indigenous communities. Practitioners can access it through the Australian Government Department of Health website.
- Australian Indigenous HealthInfoNet: Provides access to a wealth of resources, including reports, publications, and webinars, focusing on Indigenous health and cultural safety.
- Cultural Awareness Resources by Reconciliation Australia: Offers free resources, including fact sheets, videos, and guides, aimed at promoting cultural awareness and reconciliation in Australia.

HEALTH INEQUITIES

Examples of potentially appropriate learning resources mapped to addressing health inequities:

- Health Inequality Monitoring Foundations: A free online course available on OpenWHO. This course provides an overview of health systems and their components, emphasizing the importance of strengthening health systems to improve health outcomes and address health inequities.
- Health Inequalities Data and Reports by the Australian Bureau of Statistics (ABS): ABS provides free access to data sets, reports, and publications on health inequalities and disparities in Australia.
- Health Inequity Initiatives by the WA Department of Health: Offers data summaries, tools, and case studies focused on addressing health inequities and promoting health equity in Australia.
- Closing the Gap: Provides access to evidence-based resources and reports on interventions and policies to reduce health disparities among Indigenous Australians.

PROFESSIONALISM

Examples of potentially appropriate learning resources mapped to maintain and develop professionalism:

- Code of Conduct by the Australasian College of Surgeons: Offers free practical resources on professional behaviour expected of surgeons, including guidelines, position statements, and case studies.
- Podcast – "The Good GP": Features episodes discussing professionalism, communication with patients, and ethical dilemmas in general practice.
- Australian Health Practitioner Regulatory Authority (AHPRA): Provides resources and guidelines on professionalism and ethical standards for various healthcare professions in Australia.
- Website - "The Medical Republic": Provides articles, blogs, and resources on professionalism, ethics, and current issues in Australian healthcare.

ETHICAL PRACTICE

Examples of potentially appropriate learning resources mapped to maintain and develop ethical practice:

- Organ Donation: From Death to Life is a free, online course offered by The University of Cape Town via Coursera. This course explores various aspects of organ donation, including the ethical and legal frameworks, clinical procedures, and societal implications.
- Decision Making for Pandemics: An Ethics Framework. Offered by the NHMRC, the framework provides guidance and resources for ethical decision-making in clinical practice, including case studies reflecting on COVID-19.

- AMA Code of Ethics: The Australian Medical Association (AMA) provides guidelines on professional conduct and ethics for medical practitioners in Australia.
- Bioethics Resources by the National Institute of Environmental Health Sciences: NIEHS provides access to free bioethics resources, including articles, journals, and research papers, covering a wide range of bioethical issues related to healthcare.

SPECIALIST HIGH-LEVEL REQUIREMENTS

The following specialist high-level requirements apply for the 2025 CPD Year. Examples of suitable activities have been provided below for each requirement, though they are not exhaustive. Practitioners are encouraged to select activities that best reflect their individual scope of practice and learning needs.

Anaesthesia:
- Emergency Response Activity. Participation in at least one simulated emergency scenarios course or Advanced Life Support (ALS) training annually.
  - Monash ALS for Anaesthetics: A 4-hour simulation-based intra-operative ALS program designed in collaboration with Monash Anaesthetics to meet ANZCA's minimum ALS training requirements Australian Resuscitation Council.
  - Sir Charles Gairdner Hospital (Perth) ANZCA ALS–Cardiac Arrest Workshop: A 90-min hands-on workshop covering cardiac arrest in peri-operative settings.
- **Clinical Practice Evaluation**. Completing at least one of the following activities: structured patient survey, participating in a clinical audit, peer review of a colleague, obtain multi-source feedback about your own clinical practice.
  - Conduct a structured patient feedback survey post-procedure using validated tools.
  - Undertake a clinical audit, such as monitoring peri-operative antibiotic use or complication rates.
  - Facilitate peer review by reviewing a colleague's case presentations or video-recorded procedures.
  - Obtain multi-source feedback (MSF) from surgical, nursing, and anaesthetic colleagues.

Emergency Medicine:
- Core Procedural Skills: Regularly attending airway management workshops, trauma simulations, or cardiac life support training to maintain proficiency in core procedural skills to meet the requirements of 1x core airway skill, 1x core breathing skill, 1x core circulation procedural skill.
  - ALS Workshops at RMH deliver simulations in airway and circulation management.
  - ARC-endorsed Advanced Life Support (ALS2) courses include airway drills, defibrillation, and team leadership in arrest scenarios.
  - Participate annually, ensuring coverage of one airway skill (e.g., intubation), one breathing skill (e.g., ventilation), and one circulation skill (e.g., defibrillation or IV access).

- **Only from 2026** Emergency Medicine Physicians will have an additional requirement: Complete one activity per year to reflect on and develop leadership skills that will contribute to:
  - workplace improvement
  - system-wide improvement and/or
  - effective interdisciplinary teamwork

General Practice:
- CPR Course: Attending a certified CPR course offered by accredited training institutions every three years to refresh and update CPR skills.
    o Complete a nationally recognised Basic Life Support (BLS)/CPR provider or higher course via the Australian Resuscitation Council (e.g., St John or ARC-certified).

Intensive Care Medicine:
- A specialist intensive care medicine physician must 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:
    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
    o Simulation activities that should include performing intubation on appropriate mannequins to expose participants to difficult airway scenarios and include team-based responses.
- Examples:
    o The SAFE ICU Airway Course (ANZICS-endorsed) – A comprehensive, evidence-based course focused on airway management in the critically ill, including practical simulations, CICO drills, and tracheostomy emergencies.
    o Critically Ill Airway Management Workshop at The Alfred ICU or other tertiary centres — includes mannequin-based simulation, multidisciplinary crisis response, and team-based drills.

Obstetrics and Gynaecology:
- A specialist obstetrician and gynaecologist must complete an in-person Basic Life Support (BLS) program every two years
    o Complete a nationally recognised Basic Life Support (BLS)/CPR provider or higher course via the Australian Resuscitation Council (e.g., St John or ARC-certified).

Pain Medicine:
- Emergency Response Activity: Participating in trauma response simulations or advanced life support training to handle emergency situations effectively.
    o For examples, see 'Anaesthesia' above
- Clinical Practice Evaluation: Conducting a clinical audit or seeking multi-source feedback from peers and patients to reflect on clinical practice annually.
    o For examples, see 'Anaesthesia' above

Psychiatry:
- Formal Peer Review: Attending peer review sessions organised by professional associations or participating in case discussions with colleagues to review clinical cases and approaches to meet the 10-hours of formal peer review per year.
    o Example of a peer review session and guidance can be found at the RANZP website

Radiology:

- Anaphylaxis Training: Completing an anaphylaxis management course as part of Basic Life Support (BLS) or Advanced Life Support (ALS) training every three years.
    - o Complete a nationally recognised Basic Life Support (BLS)/CPR provider or higher course via the Australian Resuscitation Council (e.g., St John or ARC-certified).

Sport and Exercise Medicine:

- Anti-Doping Education: Participating in anti-doping education programs offered by WADA or Sport Integrity Australia every three years.
    - o Sport Integrity Australia Medical Support Personnel anti-doping course, available via ACSEP
    - o The SIA eLearning annual update explains the WADA prohibited list and new integrity frameworks
- Completing one of the following courses every three years:
    - o Management of Sports Trauma course (MOST)
    - o Basic cardiac life support course (BCLS)
    - o Advanced cardiac life support course (ACLS)
    - o AFL Emergency Care Course
    - o Immediate care in rugby course (level 2 or 3 course)

Surgery:

- ANZASM Participation: Actively engaging in the Australia and New Zealand Audit of Surgical Mortality (ANZASM) by completing and submitting all surgical case forms provided by ANZASM for auditing purposes.

For additional guidance in selecting or verifying appropriate CPD activities, the following support mechanisms are available:

- **College Resources**: Most specialist colleges provide specific guidance, endorsed programs, and recommended providers on their websites. Practitioners are encouraged to refer directly to their college for detailed expectations, templates, or course lists tailored to their scope of practice.
- **CPD Australia Support Team**: Our team can assist you in identifying suitable courses, clarifying specialist requirements, and providing links to available programs. Contact us any time via email at support@cpdaustralia.org for personalised advice.
- **Email Reminders and Dashboard Alerts**: Practitioners will receive automated alerts when mandatory high-level components are approaching due dates. Your CPD dashboard will visually flag any unmet specialist requirements, helping you stay on track throughout the year.

If you are unsure whether a particular activity qualifies, please reach out to our support team with the activity details for review.

SUGGESTED CPD ACTIVITY CATEGORIES

To inspire selection of a diverse range of CPD activity categories, below are tables of suggested activity categories. Please refer to *Program Requirements* Policy on the web portal for further details.

Table 1. Suggested 'Educational activity' categories

Activity	Examples of Evidence
Active learning modules	Details of module, date of completion, certificate of completion if available
Courses and workshops	Sign-in sheets, certificate of attendance
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

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	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	Summary of reflection/evaluation
Workplace performance appraisal	Short summary, meeting confirmation with date and time
Review of end-of-term assessments	Completed assessment forms

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