RACGP

Royal Australian College *of* General Practitioners

Provider framework for the CPD Program 2020–22 triennium

Consultation paper for education providers

racgp.org.au

Healthy Profession.
Healthy Australia.

Provider framework for the CPD Program 2020–22 triennium: Consultation paper for education providers

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

20784.11

Dear provider,

The RACGP 2020–22 triennium – Important changes for education providers

With a new triennium to commence in 2020, The Royal Australian College of General Practitioners (RACGP) has begun the renewal and invigoration of the Continuing Professional Development (CPD) Program* with a strengthened focus on high-quality education, simplified processes that facilitate engagement, clear and descriptive terminology and the introduction of new technology. The proposed changes are in response to feedback from general practitioners (GPs) and are in preparation for regulatory changes being introduced by the Medical Board of Australia in 2023.

The RACGP and its providers have a long history of partnering in delivery of education to GPs, and we intend to continue working together for our mutual benefit. The benefits of change will be seen in our commercial interactions, administrative requirements and in the introduction of new technology, which will simplify the interface with the RACGP and make it easier to use.

For providers the major advantages will be in streamlining administrative processes and revision of the fee structure. The new structure will provide reduced fees, and savings in administration time and costs. The $2.00 fee for uploading attendance by individuals will cease. The agreement structure has been simplified into one agreement, and fees to train and re-accredit education activity representatives have been removed.

A key change will be the introduction of new processes for approval of Category 1 activities. From next year, Catagory 1 activities will be adjudicated by the RACGP before the activity is uploaded to the myCPD dashboard. There will be no changes to how Category 2 activities are currently approved and uploaded.

Full details on implementation of the agreement, fee structure and associated administration processes will be provided upon confirmation. As the RACGP is keen to start a dialogue about the changes to Category 1, this consultation paper seeks your initial feedback and consideration of what the implications may be for your organisation.

We will continue to keep you informed, and will release details on changes once they are confirmed and the relevant processes are in place.

Dr Zena Burgess
Chief Executive Officer
PhD, MBA, MEd, DipEdPsych, BA, FAPS, FAICD

*As of the 2020–22 triennium, the RACGP QI&CPD Program will be renamed to the RACGP CPD Program.

Executive summary: Provider framework for the CPD Program 2020–22 triennium

The Royal Australian College of General Practitioners (RACGP) is introducing changes to strengthen and support the integrity of the Continuing Professional Development (CPD) Program in the 2020–22 triennium. The changes accommodate the Medical Board of Australia's (MBA's) proposed Professional Performance Framework (PPF), together with administrative simplification that will provide cost and resource benefits. This consultation document provides information with the aim of obtaining provider feedback.

In previous years, the RACGP has worked closely with providers to develop an environment to provide for general practice CPD Program offerings. In the 2017–19 triennium to date, this has resulted in 10,450 events being offered on 652,000 instances for GPs. Importantly, 9800 (93.5%) of the RACGP's CPD offerings were delivered by our providers. These are incredible numbers, reflecting the diverse educational needs of GPs and the range of offerings presented to them.

However, within industry and the MBA, there is a growing emphasis on quality of education. 'Strengthened continuing professional development' is one of the PPF's five pillars of activity, with **relevant** and **validated** education underpinning its measures. Given this, the RACGP can no longer justify devolving accreditation for key education activities delivered to GPs.

Accordingly, the 2020–22 triennium will see the RACGP's CPD Program strengthened to support greater focus on quality of education and defensibility of the program. In particular, commencing with the new triennium, the RACGP will begin accrediting all Category 1 activities.

Both accredited and non-accredited activities will continue to be provided to GPs by the RACGP's valued providers. Further, both accredited and non-accredited activities will continue to support and be supported by the RACGP's CPD Program.

The RACGP is also looking to remove red tape and unnecessary administration and bureaucracy from processes. This will provide a simpler system for both GPs and providers. The RACGP anticipates these simplifications will provide cost and resource savings for providers.

The RACGP seeks provider comment on the elements present in the framework (as outlined in this document), with the aim of having a ready product – satisfactory to all involved stakeholders – by 1 January 2020. Feedback is sought by way of written submissions/replies to this consultation paper, but also through dialogue with local program coordinators.

Contact details are provided at the end of this paper.

Changes supporting GPs

GPs expect, and have the right to expect, relevant and validated education. The RACGP's CPD Program aims to be underpinned by these elements. Simultaneously, the RACGP is seeking to remove unnecessary administration and bureaucracy.

From a GP's perspective, the 2020–22 triennium will not introduce substantial changes. GPs will be presented with a similar overall requirement for CPD Program satisfaction to that of previous trienniums. It is important providers understand this when considering the 2020–22 triennium.

The RACGP has, however, remapped and broadened what it considers relevant learning within a GP's day-to-day activities. Accordingly, more daily activities undertaken by GPs will be recognised for what they are: instances of learning relevant to their scope of practice.

The RACGP considers the 2020–22 triennium a bridging or transitional triennium, between the current state and that under the PPF. To that end, PPF-relevant features will appear and their adoption encouraged throughout the triennium.

No PPF requirements will be made mandatory by the RACGP during the triennium. Rather, the RACGP will educate its GPs on the proposed changes. As part of this, the RACGP encourages all providers to share in that same journey.

Changes supporting better accreditation frameworks

The RACGP is focused on delivering and developing higher quality CPD Program education.

From 1 January 2020, all Category 1 activities will be pre-approved and accredited by the RACGP. Accreditation will occur against the proposed RACGP CPD accreditation standard (the Standard). The proposed Standard builds upon the current QI&CPD Program activity standards used throughout the 2017–19 triennium.

Name changes

The RACGP proposes to introduce name changes to the existing Category 1 and Category 2 activities. Category 1 activities will be renamed **Accredited CPD (Cat. 1) Activities** (the 'Cat. 1' reference will be phased out). Category 2 activities will be named **CPD (Cat. 2) Activities** (similarly, the 'Cat. 2' reference will be phased out).

CPD Program points allocation will not change, with 40 CPD points allocated to Accredited CPD (Cat. 1) Activities, and two CPD points per hour for CPD (Cat. 2) Activities.

Both types of activities will continue to be provided to GPs by the RACGP's valued providers, and will continue to support and be supported by the RACGP's CPD Program.

The terminology for activities is also being rationalised and will specifically describe the activity more accurately. The descriptor 'active learning module' or 'ALM' will be dropped in favour of more descriptive terminology (eg course, workshop, seminar). Providers will have their choice of name for promotion of the activity.

Changes to Category 1

From 1 January 2020, all Accredited CPD (Cat. 1) Activities will be adjudicated by the RACGP against the new Standard prior to approval to upload to the myCPD provider dashboard.

Accreditation follows and supports the MBA's PPF proposal. With strengthening continuing professional development one of the five pillars of activity described in the PPF, relevant and validated education underpins each of the measures designed to strengthen the CPD Program.

The RACGP accrediting CPD Program activities increases the educational integrity of resources delivered to GPs. The accreditation process will require some additional information from providers when compared to the 2017–19 triennium, with a greater focus on educational rigour for the development and implementation of each activity. In particular, in addition to the usual documentation, the accreditation application will require the rationale for, and a description or explanation of, the education elements employed.

The formulation of educationally valid learning outcomes will be a key factor. Links between learning outcomes, activity design and choice of assessment must be clearly articulated. Accredited CPD Program activities must demonstrate or describe how the activity facilitates engagement, reflection, reinforcement of learning and the opportunity for feedback to the participants.

The Standard has been developed on best evidence medical education practice, and incorporates the key components of high-quality educational design, implementation and evaluation. The Standard is not complex, and builds upon current standards for development of activities. The Standard comprises six elements: needs assessment, learning outcomes, design, delivery, assessment and evaluation. Each element comprises of a number of criteria.

In developing Accredited CPD (Cat. 1) Activities, providers may require additional educational expertise or experience to incorporate the above elements into the design of their activities. Such expertise would also benefit review and revision of existing Category 1 activities. Education activity representative (EAR) training is not designed to provide the depth of educational knowledge required, and the educational experience and qualifications of EARs varies. Providers should determine if their current resources are adequate, or if additional resources will be required.

This knowledge or experience is required so that the EAR (or other nominated education representative) has the ability and expertise to oversee and participate in development of activities, and to expertly discuss any issues or concerns in regard to the Standard raised by the RACGP during the accreditation process.

Greater emphasis has also been placed on GP input into the needs analysis for, and development of, each activity. GPs will therefore be working alongside the EAR (or other nominated education representative) in the development of Accredited CPD (Cat. 1) Activities. In some instances, GPs with education experience or qualifications will be the nominated education representative.

Some existing Category 1 activities may not meet the new Standard, or a provider may choose not to apply for accreditation. In such cases, the provider can work with an external medical educator or the RACGP to supplement the educational aspects of the activity as necessary, or elect to offer their material as a CPD (Cat. 2) Activity.

No changes to Category 2

The Standard does not apply to CPD (Cat. 2) Activities.

Development of these CPD Program activities will continue under the current RACGP QI&CPD activity standards. The process for approval and uploading to the myCPD dashboard will not change.

As in previous trienniums, existing Category 2 activities will, with the exception of the name change, be rolled over to become CPD (Cat. 2) Activities. Providers may chose to continue or remove particular activities in the new triennium.

Continued quality assurance for Category 2

The RACGP's quality assurance processes will continue, with reviews being conducted randomly on CPD (Cat. 2) Activities or after GP flagging of any activity.

Fees

The current GP participant upload administration fee will be discontinued. In its place will be a simple annual fee. The fee is three-tiered, based on the provider's activity from the 2017–19 triennium, or for new providers on anticipated activity. The fee tiers are presented below.

	Activity/GP attendance		Annual fee
	Min	Max	
Not for profit/Level 1		<650	$1000
Level 2	650	4000	$2500
Level 3	4000	>4000	By arrangement

An internal audit of existing payments for GP upload fees indicates an overwhelming majority of providers will be financially better off under the new framework.

Provider benefits

Several benefits will result from changes to the provider framework. These include Accredited (Cat. 1) Activities being accepted as higher quality, broader definition of what constitutes 'continuing professional development', and streamlined processes leading to anticipated administrative and cost savings.

Administrative cost savings

- The $2.00 fee for uploading GP attendance will cease, resulting in anticipated time savings and lowered administration costs.[†]
- The streamlining of administrative processes will further reduce provider administrative time and cost.

Revised fee structure – One annual fee

- Removal of itemised fees for training and reaccreditation of EARs, new provider applications and provider agreements (accredited activity provider service agreement [AAPSA] and accredited activity agreement [AAA]).
- Rationalisation of the fee structure to one annual fee based on the providers' level of activity grouped under three tiers. An optional consultation service will be available (fees will apply).

Quality of education

- Offering validated, high-quality education, with innovative approaches where possible, will increase the value and relevance to GPs.
- As all Accredited CPD (Cat. 1) Activities will be adjudicated prior to approval, the provider will be able to promote and conduct an activity with confidence it meets the RACGP's standard of quality. Random quality assurance assessments will not be necessary but may be instigated following GP complaints.

Streamlined administration processes

- In October 2019, all existing providers will be invited to continue their relationship with the RACGP CPD Program for the 2020–22 triennium.
- A single, standardised agreement will be issued to all providers, removing the single AAA option.
- Improvements to the provider dashboard will provide enhanced application forms and functionality, including greater visibility to providers of their GP attendance uploads, and individual activity statistics will be introduced. An easier process to upload attendance is in development.
- The framework offer flexibility to deliver Accredited CPD (Cat. 1) Activities and/or CPD (Cat. 2) Activities, no matter what assessment activity is submitted initially by the EAR.

[†]Information from providers has estimated the internal administrative costs to upload and manage the individual GP activity fee as between $5.00 and $8.00 per upload.

Broader recognition of what constitutes continual professional development

- The Standard allows for more flexible and innovative approaches to continuing professional development, with the rigid criteria for development of 2017–19 triennium Category 1 activities no longer applicable.
- Terminology will specifically describe an activity, and the descriptor 'active learning module (ALM)' will be dropped in favour of more descriptive terminology (eg course, workshop, seminar). Providers will have the choice of name for promotion of the activity.
- Building on accredited activities, there will be opportunity for providers to collaborate with the RACGP on developing new and innovative resources and approaches to learning. This includes within the areas of measuring outcomes and reviewing performance.‡

Provider support

- The RACGP will support the value of Accredited CPD (Cat. 1) Activities through prominent branding, and advertising on myCPD and the RACGP website. The RACGP will also promote and emphasise the quality of these activities.
- CPD (Cat. 2) Activities will continue to be supported by the RACGP through branding and advertising on myCPD and the RACGP website.
- The existing service from state program coordinators will continue, with each provider eligible for up to six hours of educational expertise or administrative advice each year. A consultancy service will also be offered to program coordinators for those providers requiring further support.
- All providers will have access to EAR training previously restricted by type of agreement.

‡Measuring outcomes and reviewing performance, along with traditional educational activities, are each equally mandated under the PPF.

Accreditation

A range of activities can and should be considered for accreditation. An accredited activity will have demonstrated the educational rigour required by the RACGP and the MBA for current and future CPD purposes. Providers should determine whether their activities could become accredited activities.

Accreditation will apply to any activity that meets the Standard. The following activities are suggested:

- Courses, workshops, seminars
- Activities of less than six hours, where the activity is in context to learning outcomes to be achieved, and the design provides an environment to support adult learning
- Complex online modules incorporating feedback
- Peer discussion/forums
- Interactive design
- Assessment pieces

The following activities can potentially be accredited, noting that not all the criteria of the Standard will be applicable:

- Clinical audit
- Quality improvement cycles
- Multisource feedback

Some activities may not meet the standard:

- Activities with unachievable learning outcomes in context to the activity design proposed
- Activities where the learning outcome is unmeasurable
- Where the assessment proposed is not best practice or evidence based to assess the learning outcomes, or is not adequate to assess an expected level of competency
- Where opportunities for reflection, reinforcement and feedback are not provided
- Where learning strategies are inappropriate

The RACGP CPD accreditation standard

The new *RACGP CPD accreditation standard: Guide for providers (draft)* forms Appendix 1 to this paper. The Standard is outcome-based to provide greater ownership, consistency and results for providers. There are six main activity elements within the Standard.

The Standard is outcome-based. Its purpose is to provide more structure, rigour and consequently more integrity for the CPD Program. The Standard aims to supports providers in identifying and addressing any gaps in their systems and processes, and also provides transparency in expectations and quality.

Focus on outcomes and education

The Standard's indicators have, where appropriate, been written with a focus on outcomes and education. They do not focus on prescribed processes or how the provider achieves them. By focusing on outcomes, providers can develop systems and processes reflecting their preferred ways of working. The RACGP's experience indicates a focus on outcomes gives greater ownership of processes and systems, leading to a greater consistency and better results.

Elements of the Standard

There are six main activity elements within the Standard.

1. Needs assessment
A needs assessment will be undertaken using a variety of resources and with the involvement of GPs.

2. Learning outcomes
Using Bloom's taxonomy to describe the level of complexity, educationally valid outcomes will be determined that are measurable, realistic and feasible in context to the activity design.

3. Design
Linked to the learning outcomes and based on adult learning principles and best practice, design of the activity will facilitate engagement, reflection and achievement of the learning outcomes. The design will provide opportunities for feedback to the participants and reinforcement of learning (within the activity or post-activity).

4. Delivery
In context to the activity design, the learning environment will be appropriately resourced (eg in terms of equipment, venue size), the facilitators/presenters/instructors appropriately qualified, and the number of facilitators/presenters/instructors relevant to the activity design and learning outcomes described.

5. Assessment
Assessment is evidence-based, valid, reliable and feasible for the learning outcomes. Elements of assessment are incorporated into the activity to measure achievement against the learning outcomes using formal or informal, summative or feedback mechanisms. Participants receive feedback on assessment outcomes (during or after the activity), including reinforcing mechanisms.

6. Evaluation

There is an evaluation strategy to assess elements of the activity (from design to delivery) that includes a process for quality improvement of the activity. This will form the basis for re-accreditation of the activity. Participant evaluations will be shared with facilitators/presenters/instructors and the RACGP.

The *RACGP CPD accreditation standard: Guide for providers (draft)* (Appendix 1) provides more detailed information on the above.

Changes from the previous framework for providers

The following table summarises differences between the current and new trienniums.

Triennium 2017–19	**Triennium 2020–22**
Names and terminology	
QI&CPD Program	CPD Program
Accredited provider	RACGP education provider
Category 1 Activity	Accredited CPD (Cat. 1) Activity
Category 2 Activity	CPD (Cat. 2) Activity
Active learning module (ALM)	Provider choice of activity name (eg course, workshop, seminar)
Cardiopulmonary resuscitation (CPR)	Basic life support (BLS)
Agreements	
Two types of agreement offering variable business arrangements and packages: • accredited activity provider service agreement (AAPSA) • accredited activity agreement (AAA)	One standard agreement
Fee schedule	
Product and service fee schedule listing 11 different fees	Annual fee, based on provider's activity Consultation service fee (optional)
GP participant upload administration fee: • $2.00 per upload (on time) • $4.00 per upload (standard)	No GP participant upload administration fee
Approval and accreditation	
Provider activities (AAPSA holders) are auto-approved – for example, ALM or Category 2 (no specific requirements) by an approved education activity representative (EAR) on the provider dashboard	Each Accredited CPD (Cat. 1) Activity will be adjudicated by the RACGP prior to approval; no change to process or criteria for Category 2 activities

Triennium 2017–19	Triennium 2020–22
Education standard for activities	
The standard for the development of both Category 1 and Category 2 activities is the RACGP's *A guide for all providers of accredited activities*	Accredited CPD (Cat. 1) Activities: RACGP accredited CPD standard CPD (Cat. 2) Activities: RACGP CPD activity standards and conditions for continuing accredited activity providers
Rigid criteria for the development of Category 1 activities; process-focused	Outcomes-focused, flexible and educationally valid criteria Providers will be encouraged to develop innovative education using the CPD accreditation standard as the guide to determine activities that offer deep and meaningful learning experiences; activity not limited to a minimum number of hours
Point allocation	
Category 1 = 40 points Category 2 = two points per hour (capped at 30 points per activity)	Accredited CPD (Cat. 1) Activity = 40 points CPD (Cat. 2) Activity = two points per hour (capped at 30 points per activity)
Capped recording of Category 2 self-directed activities for GPs	GPs will be able to self-record a range of meaningful CPD activities and relevant professional development activities in hours (equivalent to two points per hour) – for example, attendance at practice meetings, web or journal researching, professional discussions with peers
EAR role and responsibilities	
Responsible for: • ensuring Category 1 activities are developed according to the QI&CPD activity standards • ensuring Category 2 activities are developed according to QI&CPD activity standards • ensuring all associated administration requirements are satisfied	No change, other than that providers should decide if their EAR is suitably qualified and/or experienced so as to have the required understanding and knowledge of educational principles underlying the CPD accreditation standard and support design of Accredited (Cat. 1) Activities

Consultation

This consulation paper constitutes the first step in RACGP consultation with providers. There are number of other 'steps' through which the RACGP hopes to consult and receive provider feedback. A link to a survey has been included in the email by which you received this document.

It is anticipated more questions will be raised following the release of this paper. The RACGP looks forward to active and constructive engagement with providers.

Please provide your comment on the consultation paper via the survey by **31 August 2019**.

Next steps

At your earliest convenience, please complete the survey (use the link in the email). Responses will help us better the program, and develop resources specifically to support providers in their understanding and implementation of the proposed changes. Based on responses, we will also publish a list of 'FAQs' on the RACGP website.

During August and September, meetings with a limited number of providers will be held in each state. The meetings will be arranged by the local state program coordinator, and will provide opportunity for comment, queries and deeper consultation.

In mid-August, an expression of interest (EOI) will be sent to all providers to determine intention to apply for accreditation of current Category 1 activities and any new activities. Applications will open 1 November. The EOI will assist in developing a priority schedule so that accreditation is timely to needs for confirmation and promotion of the activity.

During September and October the RACGP will continue to consult with providers. Ongoing communication and consultation will aim to be responsive to needs. The RACGP anticipates this will include circulation of any additional information, details of the administrative processes and information on the new triennium. State- and territory-based workshops and meetings may also be scheduled.

Contact details

For your local program coordinator

National Office: 1800 4RACGP | 1800 472 247	
RACGP NSW&ACT: 02 9886 4700 Level 7, 12 Mount Street, North Sydney, NSW 2060	**RACGP Queensland:** 07 3456 8944 Level 7, 410 Queen Street, Brisbane, Qld 4000
RACGP SA&NT: 08 8267 8310 15 Gover Street, North Adelaide, SA 5006 Note: Program coordinator is on leave until 2 September; please direct inquiries to National Office during until then	**RACGP Tasmania:** 03 6212 5888 Level 1, 1–7 Liverpool Street, Hobart, Tas 7000
RACGP Victoria: 03 8699 0488 100 Wellington Parade, East Melbourne, Vic 3002	**RACGP WA:** 08 9489 9555 34 Harrogate Street, West Leederville, WA 6007

Appendix 1: RACGP CPD accreditation standard: Guide for providers (draft)

Background

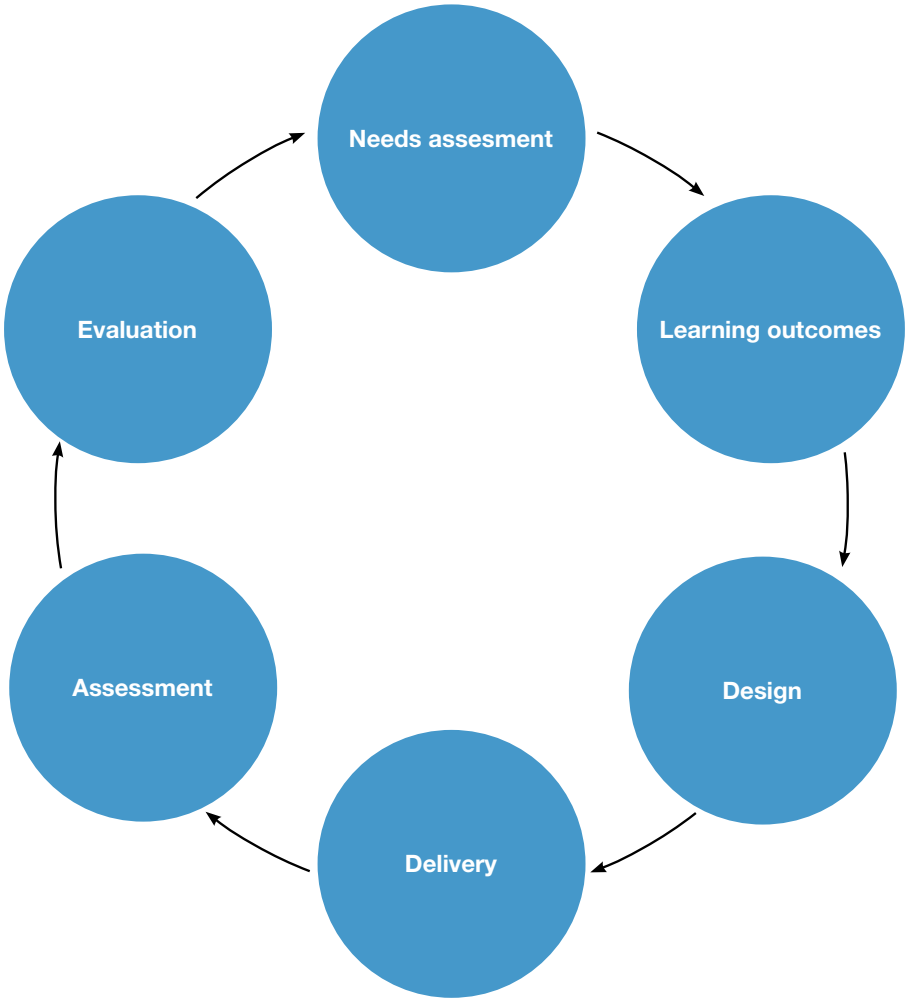
The Royal Australian College of General Practitioners (RACGP) is responsible for accrediting education providers who deliver the Continuing Professional Development (CPD) Program for Australian general practitioners (GPs). The quality of the CPD Program directly affects the RACGP's member learning and as such the RACGP must have a rigorous and robust process for evaluating education.

The RACGP recently undertook a review of the CPD accreditation process with the aim of enhancing the integrity of CPD. Under agreement, providers will deliver and self-approve CPD (Cat. 2) Activities, while all Accredited CPD (Cat. 1) Activities will be accredited by RACGP to educational standards. CPD (Cat. 2) Activities still need to meet best practice educational standards for design delivery and evaluation.

This document will help providers understand the RACGP CPD accreditation standard (the Standard), understand the evidence required, and be able to submit their evidence to achieve accreditation. Providers paying careful attention to the evidence required will facilitate timely consideration of their applications. Provider electronic forms have been developed to prompt the type of information required and documents to be uploaded.

CPD education standards

Standards for assessing the CPD Program have been developed based on best-evidence medical education practice. The Standard is constructed around six activity elements that represent key components of high-quality educational design, implementation and evaluation.



The guiding principles of the RACGP accreditation of CPD education activities are to ensure activities:

- are of sufficiently high quality for Australian GPs
- provide opportunities for Australian GPs to extend their knowledge and/or skills
- help GPs develop the necessary knowledge, skills and attitudes to address the relevant domains and contextual units in the RACGP Curriculum for Australian General Practice 2016
- help GPs develop the necessary knowledge, skills and attitudes to address state/territory programs and initiatives, and National Health Priority Areas.*

*Refer to the six National Health Priority Areas at www.aihw.gov.au/getmedia/78bc02fd-a75e-4f25-a0ae-b27f7bb2a4b2/bdia-c06.pdf.aspx

The accreditation standards, corresponding evidence for each activity element and guidelines for assessing CPD applications are outlined below. Education providers will be expected to be able to provide evidence of achievement against each of the elements. However, it is not expected that an activity will be required to tick all the boxes in each standard. For example, for standard 1.1 a description of another needs assessment data collection method used may be completely appropriate and all that is required. Another example is standard 3.2, where it is not expected that every contemporary learning strategy is used in the activity, rather that there is a description of how those chosen align with the activity learning outcomes.

The evidence requested is not prescriptive and embraces innovation in CPD design and delivery. Innovative methodology in any of the standards should be described in detail and the relationship to the standard explained. For some activities, the standard may not be applicable – for example sharing evaluation data with facilitators – this is only relevant if facilitators were involved in the Accredited CPD (Cat. 1) Activity. For audit activities the standards deemed not applicable have been denoted with an asterisk (*).

Glossary

The following glossary is used throughout this document.

Term	Meaning
Activity	• A CPD Program activity of any duration (eg one week or one day, small group or individual learning activity) • Used synonymously with seminar, program, lecture, course, independent study, etc
Learning outcome	• Describing what a learner will be able to know, do or feel by the end of the CPD Program activity • Used interchangeably with ‘learning objective’
Learner	• Activity participants – normally GPs
Facilitators	• Anyone who is in a facilitation/teaching/education role within the activity (eg presenter, skills teacher, interactive discussion facilitator, small group leader)

Activity element 1 – Needs assessment

A needs assessment is a process of collecting data (and summarising it) on the educational needs of the GP in order to guide the design of a CPD Program activity to meet these needs. The needs assessment identifies current or future knowledge, skills or behaviour gaps so as to ensure that the CPD Program activity is relevant to GPs. The learning gaps identified are then used to develop the specific learning outcomes for the activity.

There are several perspectives a needs assessment needs to consider. There is the GP perspective, which may be obtained through direct survey, focus group interviews or publications. There is the consumer perspective, which may be obtained through patient interviews, surveys, data from community groups, etc. There is also the perspective of other health professionals, such as other medical specialists who receive referrals from GPs, state and government bodies, and special interest health groups.

There are several ways a needs assessment can be undertaken. Formal processes may be used, such as surveying GPs or undertaking focus group interviews with GPs. A literature review can provide useful information as to learning needs. The involvement of GPs in the needs assessment process is essential and how they are involved must be described.

1.1. A comprehensive needs assessment is undertaken for each new activity design using contemporary data collection methods

Evidence	Explanation
Data collection methods used: • Electronic survey (eg SurveyMonkey) • Written questionnaire • Focus group interviews • Semi-structured interviews • Observation • Existing data – (eg previous training evaluation data, previous assessment data) • Other – please specify Where surveys or questionnaires used: • Number of surveys distributed • Return rate Where focus group interviews used: • Number of focus groups undertaken • Number of participants per focus group Where semi-structured interviews used: • Number of interviews undertaken • Other needs assessment data collection method used (please describe the methodology and amount of data collected, questions used)	The provider needs to provide evidence of how they have undertaken a needs assessment and how they have gone about acquiring the data on the GP knowledge, skills or behaviour gaps. Examples of methodology have been given in the evidence list (eg surveys, interviews, previous training data). The list is not meant to be prescriptive nor exhaustive. An applicant may list an alternative methodology; however, sufficient description is required to understand the methods used. The evidence requires information on the volume of data collected (eg survey return rates, number of interviews undertaken), if this methodology is used by the provider. The principle behind this evidence is that a valid needs assessment has been undertaken with enough data to ensure that an identified need is 'real'. Therefore, an interview with one GP is not enough to determine that there is a need in all GPs. However, an individual GP that wants to undertake an audit activity may have used self-reflection as their needs assessment methodology and review of patient files to determine their learning needs. In this case, it would be a valid needs assessment for that individual GP. Where surveys or focus groups have been used to identify learning needs, copies of questions asked are required.

1.2 A wide variety of sources is used to determine GP CPD Program learning needs

Evidence	Explanation
Needs assessment sources: • GPs • Other medical specialists (eg surgeons) • Other health practitioners (eg physiotherapists) • Contemporary literature • RACGP publications • Australian Government health priority data • State/territory government health initiative data • Other sources – please describe (eg Primary Health Networks [PHNs])	When undertaking a needs assessment, as previously stated there are several perspectives that need to be considered and therefore there are a variety of valid sources of information. Examples of these sources are listed in the evidence. For example, there may be relevant literature that indicates data from a study which has highlighted a need for education of GPs in a specific area. The data does not need to come from all the sources listed.

1.3 GPs are actively involved in the needs assessment process

Evidence	Explanation
• Description of how GPs have been involved in the needs assessment – for example, the GP: – completed the survey or was an interview participant – conducted the needs assessment – used RACGP publications as a source for assessing needs	CPD Program activities are for the GPs, therefore it is important that they are involved in identifying their own learning needs or that of their peers. The provider should be able to provide evidence of how GPs were involved in determining the learning needs. Were GPs surveyed or interviewed directly? How many GPs were involved in determining the needs?

Activity element 2 – Learning outcomes

Learning outcomes, also known as learning objectives, are crucial to the design of any CPD Program activity. They articulate what it is GPs will be able to know, do or feel at the end of an educational activity, be that a group activity or individual learning activity. They are then used to determine the appropriate learning activities to achieve the outcomes, assessment to determine if outcomes have been achieved and feedback to GPs on what has been achieved. The learning outcomes should be derived from the needs assessment. All CPD Program activities should have clearly articulated and measurable learning outcomes.

Learning outcomes assist CPD Program providers to plan the education content and activities to help participants meet the learning outcomes. They also serve to clarify for the participants what the CPD Program activity will be aiming to achieve and what they will be able to know or do at the end of the activity.

2.1 An overall activity aim is established

Evidence	Explanation
Activity aim:	The activity aim is a broad statement of what the activity is trying to achieve. It is written in broad terms and summarises the overall intent of the activity (eg 'To improve communication skills' or 'To review patient data to improve outcomes'). It gives the GP an idea regarding what the CPD Program activity is about.

2.2 Clearly articulated measurable learning outcomes are outlined

Evidence	Explanation
Learning outcomes: • Learning outcomes written in SMART format (specific, measurable, achievable, relevant, timely) • Description of how learning outcomes will be measured	Learning outcomes are more specific than aims. The standard practice is to write learning outcomes in the SMART format. Specific – the learning outcomes specify exactly what GPs will be able to know, do or feel at the end of the educational activity. In the example given above – what communication skills will be learnt. They should use action verbs (eg identify, describe, practise, analyse). Appendix 1.1 provides examples of verbs at different levels of Bloom's taxonomy.* Measurable – learning outcomes need to be measurable so that the GPs are able to know if they have achieved the learning outcomes. Ask yourself the question 'How would I know if it has been achieved?' For example, if the learning outcome is written as 'be able to resuscitate a patient' and yet the activity is in a simulation centre with no real patients, how would you know that they could resuscitate a patient? The only way you would know this is if you observed them in the workplace. The outcome is therefore not measurable. It would be better written as 'be able to demonstrate resuscitation skills on a manikin'. Some verbs are difficult to measure – for example, 'understand'. What is the intent behind 'understand'? A better verb would be 'describe', which is measurable. Achievable – the learning outcomes for a specific CPD Program activity need to be achievable in the time allocated for that activity. For example, if the outcome is to be able to identify a structure for managing trauma, this may be achievable in a one-hour lecture; however, if the learning outcome was to practice managing a simulated trauma patient, this would not be achievable in a one-hour lecture. Relevant – this is linked to the needs assessment data – the learning outcomes for the CPD Program activity need to be directly related to the data that was obtained in the needs assessment in order to be relevant. Relevance also relates to the level of Bloom's taxonomy that the learning outcome is written. Learning outcomes at the lower levels of bloom's taxonomy are relevant for novices or for new content to a GP but for experienced GPs the content will only be relevant if the learning outcome is at higher levels of Bloom's taxonomy, which require the GP to apply their knowledge and skills. Timely – learning outcomes should indicate the time in which they will be achieved (eg 'by the end of this audit', 'by the end of this discussion', 'by the end of this course'. This only needs to be written once at the top of all the learning outcomes. The provider needs to indicate how they intend to measure achievement of the learning outcomes. Will there be direct assessment (eg multiple choice test), or will achievement of learning outcomes be self-assessed by GPs? There is not one correct answer, but there is consideration as to how GPs will determine achievement of the learning outcomes.

*Refer to https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy

2.3 Learning outcomes are established at an appropriate level of Bloom's taxonomy

Evidence	Explanation
Learning outcomes are mapped to levels of Bloom's taxonomy*	As previously stated, consideration needs to be given to which level of Bloom's taxonomy the learning outcomes are written (Appendix 1.1). Lower levels of Bloom's taxonomy are applicable if the content is new or the learner is a novice in the area. If the learner has existing knowledge and skills, then the learning outcomes should be at higher levels of Bloom's taxonomy. A variation of levels is applicable for a longer course. The provider should be able to map their learning outcomes to Bloom's taxonomy.

*Refer to https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy

2.4 Learning outcomes are realistic and feasible for the proposed activity

Evidence	Explanation
Duration of the activity Time allocated to each learning outcome (activity outline) Additional time allocated for practical skills or simulation	Feasibility is an important concept for CPD Program activities. There is no point having learning outcomes that can't be achieved in the allocated time. Consideration of time allocated to each learning outcome should be indicated in the activity outline. Where a CPD Program activity is practical (eg skills training), there needs to be additional time allocated to allow achievement of that outcome (ie participant practice). Learning outcomes at higher levels of Bloom's taxonomy require more time than those at lower levels of the taxonomy.

2.5 Learning outcomes can be mapped to the five RACGP domains of general practice

Evidence	Explanation
Learning outcomes are mapped (eg via Excel spreadsheet) to relevant domains and contextual units in the RACGP Curriculum for Australian General Practice Description of components of RACGP included where an outcome cannot be mapped directly	The learning outcomes for a CPD Program activity should be able to be mapped to relevant domains and contextual units in the RACGP Curriculum for Australian General Practice 2016. Where there is content that is outside the domains, there should be some linkage made and this may be described.

2.6 Learning outcomes can be linked to state/territory programs and initiatives and/or National Health Priority Areas

Evidence	Explanation
Statement of any content related to a national and/or state/territory health priority area*	State/territory and Australian governments have established healthcare priority areas and strategic plans. Where the content of the CPD Program activity relates to one of these areas, it should be indicated. This is not compulsory for all Accredited CPD (Cat. 1) Activities.

*Refer to the six National Health Priority Areas at www.aihw.gov.au/getmedia/78bc02fd-a75e-4f25-a0ae-b27f7bb2a4b2/bdia-c06.pdf.aspx

Activity element 3 – Design

The design activity element deals with standards surrounding the development of the CPD Program educational activity. It is important that educational activities are designed using evidenced-based educational methods and principles. This will maximise the opportunities for learning for GPs and ensure a high-quality CPD Program activity.

The provider should be able to submit a copy of the program which outlines the timing, delivery method, interactivity and the link to the learning outcomes. A template is provided in Appendix 1.2.

3.1 The activity design is evidence-based and consistent with adult learning principles

Evidence	Explanation
• Evidence of adult learning principles – Opportunities for interaction – Opportunities for reflection – for example: - Reflective questions (eg one-minute paper) - Questioning - Review of pre-activity work (eg worksheet, article review) - Other – please state • Relevance to practice established • The design structure supports the principles of set–dialogue–closure. The expectation of what will be learned is stated (set), the content and design support the expectation (dialogue) and a closing statement reinforces learning through summary (closure)	Adult learning principles also known as 'andragogy' were first introduced by Malcolm Knowles in the early 1970s. They describe key elements in any adult education program to maximise learning. Some of these principles are dealt with in the delivery standard and some in the design. In the design phase there should be: • Opportunities for interaction – this means that the program is not 'didactic' where someone is out the front talking 'at' the participants but rather facilitated by an expert where there are activities to promote engagement of the learners (eg group discussions, individual activities, pair activities, practice opportunities). • Opportunities for reflection – it is important that learners are given opportunities to reflect on their current level of knowledge in the content area, their knowledge or skill gaps, their progress in achieving the learning outcomes. Examples of opportunities for reflection include questions about their prior experience or knowledge, quiz questions on a topic, individual reflective exercise in a worksheet, questioning or review of a pre-activity requirement such as an article review. • Adults need to understand the relevance of the CPD Program activity to their current practice or how the content and learning outcomes can be used by them. This should be built in early in the activity – for example, link to the RACGP Curriculum for Australian General Practice and contextual units, audit data, needs assessment data. What is the evidence that the CPD Program activity is needed? Contemporary design of educational activities often uses the set–dialogue–closure structure. The activity design should include: • Set – an introduction – what the activity is about (introducing content), learning outcomes clearly stated, relevance of the activity is established, and learners are motivated to engage • Dialogue – this is the body of the activity and where the learning activities are implemented. The activity design should indicate what learning activities the learners will be involved in (the type of activities is articulated in the next standard) • Closure – this is the conclusion of the activity and should include a summary of key points and take-home messages, review of the learning outcomes to assess achievement and a plan for post activity reinforcement of learning or identifying opportunities for application of knowledge and skills or further practice.

3.2 The learning activities are designed to facilitate achievement of the learning outcomes

Evidence	Explanation
• Map of learning activities (eg via Excel spreadsheet or included in program template) against each learning outcome • Use of contemporary learning strategies: – Interactive discussion – Lecture – Small group work – Five-step model for teaching clinical skills – Deliberate practice – Simulation – Role play – Think–pair–share – Other – please describe • Rationale for the activity chosen (eg role play to practice communication skills, interactive discussion to apply knowledge)	The design of the CPD Program activity facilitates the achievement of the learning outcomes that have been developed as a result of the needs assessment. The outline of the activity should indicate which activities within the design are related to which activity. For example: session 1 – outcomes 1 and 2; session 2 – outcomes 3, 4 and 5. The activity should employ contemporary learning strategies such as: • Interactive discussion – this is a style of presentation which involves facilitation of a discussion using structured questioning to both deliver content and get the learners to engage with the content and each other in a discussion format. • Lectures are more didactic – where the facilitator is presenting content to the learners – this type of activity should be restricted as too many lectures is not consistent with adult learning principles and active learning • There are several small group active learning methods. Think–pair–share is one such example. It involves the learner thinking about a problem or question, then after they have done so as an individual, they share their thoughts with a partner and finally the pairs share their discussion with the whole group. This encourages active engagement along with opportunities for reflection. • Clinical skills teaching using the five-step model of skill acquisition – visualisation, verbalisation (instructor then learner), practice with feedback. • Deliberate practice is relevant where clinical skills are being learnt – the learner practices the elements that they need to practice so that there is an assessment of their skills first and then practice is tailored to their individual learning needs. • Simulation is where clinicians learn skills in a simulated clinical environment. This may be low fidelity as in clinical skills teaching on manikin parts or higher fidelity where patient actors or full body manikins are used. • Role plays are often used to practice skills such as communication, breaking bad news, giving feedback, and so on. They may involve the learners playing roles or have trained actors to play the role of a patient. It should be clear from the design of the learning activity why certain methodology is chosen. The methodology chosen needs to assist the learner to achieve the learning outcome. For example, if the learning outcome is about knowledge acquisition of particular content, an interactive discussion may be appropriate; however, if the learning outcome is for the participants to be able to administer an injection, an interactive discussion on its own would not be appropriate for this learning outcome as the participants would need an opportunity to practice the skills (eg on a manikin). Providers need to map their learning outcomes to the planned activities and provide this in the application.

3.3 The learning activities are designed to facilitate active learning and engagement with peers*

Evidence	Explanation
• Description of how learners will interact with each other (eg think–pair–share, small group discussion) • Active learning strategies incorporated in the activity design: – Questioning – Think–pair–share – Small group discussion – Worksheets – Other – please describe	As previously outlined a key principle of adult learning is engagement of the learners with content, the facilitator and each other. For CPD Program activities that involve more than one GP learning as a group, there needs to be opportunities for interaction in the design of the learning activity. This may be small group discussions, pair activities, practising and critiquing each other's performance, etc. Likewise, active learning opportunities are incorporated into the activity design (eg questioning, think–pair–share, small group discussion, worksheets, quizzes, practice).

3.4 The learning activities are sequenced to facilitate achievement of the learning outcomes

Evidence	Explanation
• Timetable with logical sequencing and time allocation indicated	The design activity element also involves sequencing of learning activities in a logical manner and in a way that facilitates achievement of the learning outcomes. The sequence should be assessed by reviewing the timetable and asking the following questions: • Are the learning activities sequenced logically? For example, theory before practice, simple before complex? • Is there adequate time allocated for the activity? For example, 10 minutes for a role play on breaking bad news, which includes a post–role play debriefing, would not be enough time to complete the role play and then discuss the outcomes. The activity design should indicate a rationale for the sequencing. It may be that there is some content required before a particular activity (eg knowledge before application of the knowledge). It could be that there is a need to revise concepts before introducing new content or demonstration before practice.

3.5 There are opportunities for participants to receive feedback on their progress towards achievement of the learning outcomes

Evidence	Explanation
• Formative assessment opportunities: – Verbal feedback from facilitator/s – Written feedback from facilitator/s – Peer review – feedback from other participants – Self-reflection – observation of peers and comparison with their own performance – Written tests (eg multiple choice questions [MCQs]) – Formal tools such as direct observation of procedural skills (DOPs) or Mini-Clinical Evaluation Exercise (Mini-CEX) – Comparison of audit results with those of others – Other – please describe	Adult learning principles also clearly require learners to receive feedback on their achievement of learning outcomes as they progress through an activity. This is often referred to as formative assessment. There are a number of ways in which learners can receive feedback. For example: • Facilitator driven techniques – verbal or written feedback following observation • Formal assessments such as DOPS, Mini-CEX, written tests • Peer driven techniques such as peer review, peer critique • Individual reflection – structured reflective activities, observation of peers, answering questions

3.6 The content is evidence-based and consistent with contemporary practice

Evidence	Explanation
• Reference list is provided for the content in the learning activity • Evidence of contemporary practice (eg RACGP clinical resources, audit, health pathways developed by PHNs, community/ other resources)	Accredited CPD (Cat. 1) Activities need to be able to demonstrate evidence-based content which is consistent with contemporary practice. There should be a reference list to support the content to be provided which is up to date. There should also be a description of how the content of the activity is reflective of contemporary practice. This does not mean that the CPD Program activity can't present innovative material but the evidence for the innovative content should be able to be presented to justify its presentation.

3.7 The content is not influenced by sponsorship or commercial interests

Evidence	Explanation
• Process is described for acknowledging any sponsorship associated with the activity • Commercial interest disclosure process described	The accreditation of the provider includes governance issues such as declaration of sponsorship and or commercial interests. However, each Accredited CPD (Cat. 1) Activity must clearly indicate how commercial interest and sponsorship is relevant to the specific CPD Program activity and how it will be disclosed (eg at the beginning of the activity, with signage, with a disclaimer form). The sponsors need to be identified and the nature of the sponsorship described.

3.8 The number of participants is limited to facilitate achievement of the learning outcomes*

Evidence	Explanation
• Maximum number of activity participants • Description of rationale for the maximum numbers	The design should indicate maximum number of activity participants and the rationale for that maximum. It may be that physical space dictates the maximum number of participants and this may be appropriate. However, the maximum number of participants may be determined by the need for the size of the group in order to facilitate learning. For example, a high-fidelity simulation may limit the numbers to two groups of six GPs, with one facilitator per group to facilitate the simulation and debriefing process.

3.9 Prerequisites and/or pre-activity requirements are relevant to the activity aim and learning outcomes

Evidence	Explanation
• List of prerequisites and/or pre-activity requirements • Description of rationale for the prerequisites and/or pre-activity requirements and their link to the activity aim/learning outcomes	Accredited CPD (Cat. 1) Activities need to have a pre-activity requirement. Examples of these include review of an article, completion of a questionnaire and review of patient data. The pre-activity requirements need to be listed and a rationale for each – that is, why they are warranted and how they link to the activity aim/learning outcomes. Pre-activity requirements should be reasonable in volume and time taken. For example, a list of 15 articles to read before attending an activity is unreasonable for busy clinicians and the majority are likely to not complete this – what would the implications of not completing the pre-activity requirement be on the activity conduct? (eg is it presumed knowledge so if they didn't read the articles, they would not be able to actively engage in discussion on the content). The provider should be able to provide a rationale for the pre-activity and the link of this activity to the CPD learning outcomes.

Activity element 4 – Delivery

This element requires consideration of the logistics of implementing the described CPD Program activity. Are there sufficient resources available to support the activity design both physical and staffing? There are also standards addressing the expertise of the facilitators to ensure that they have the experience/expertise necessary to assist the GPs in achieving the learning outcomes.

Providers need to include an outline of where the CPD Program activity will be undertaken and what resources are available to assist the learners in achieving the learning outcomes. A schematic of the venue may assist in providing the necessary evidence (eg number and type of rooms).

4.1 The facilities and resources are appropriate for the delivery of the activity design and adequate for the number of learners*

Evidence	Explanation
• Number and type of rooms: – Lecture room – Tutorial room for small group work – Clinical skills laboratory – Simulation laboratory – Debriefing room – Other – please describe • Physical resources to support learner numbers: – Room size and adequate seating – Number of part-task trainers to support skills training – Equipment to support learning adequate for numbers (eg computers) • Physical equipment to support activities: – Data projectors – Whiteboards – Flip charts – Printing facilities – Other – please list	There needs to be consideration as to the physical resources to support the activity design. Are there adequate rooms (type and size) for the designed activity and participant numbers? For example, if there is to be clinical skills teaching, a lecture auditorium is not appropriate. If there is going to be debriefing of participants after a simulation is there a separate debriefing room. If there are break out groups are there enough rooms to facilitate the number of groups? A floor plan may be provided to assist in determining if rooms are an adequate size for the number of participants. Is there enough equipment to undertake the activity – for example, number of part-task trainers for a clinical skills session, number of flip charts for the small group activity where there are five small groups. If computers are required for an activity is there enough for the number of participants or must participants bring their own?

4.2 The number of facilitators is appropriate for the delivery of the activity*

Evidence	Explanation
• Number of facilitators • Facilitator ratio to learner	For an activity that involves more than one learner, the activity design should indicate the total number of learners and facilitator/s and therefore a ratio of learners to facilitator/s. This needs to be stated for each of the learning activities that are described where there is variation – for example, session 1 – 15 learners to one facilitator (interactive discussion); session 2 – five learners to one facilitator for skills training.

4.3 The facilitators are appropriately qualified to facilitate the activity

Evidence	Explanation
• Qualifications of each facilitator • Description of why the qualification mix is appropriate for this activity • Facilitators are in 'good standing' (refer to Australian Health Practitioner Regulation Agency [AHPRA] criteria for good standing) • Description of audit provider's experience with GP audits (if activity is an audit)	It is important to ensure that CPD Program activities are facilitated by appropriately qualified facilitator/s. Providers should submit a description of each facilitator's experience and expertise and a description of the rationale for their use for this activity. For a course on a specific content area you would expect someone with expertise in that area. For example, a course with simulation would require facilitators skilled at simulation and debriefing. There may be specific requirements for some activities – for example, advanced life support must only be taught by accredited trainers. Facilitators do not need to be GPs or medical practitioners. Nursing, allied health and non–health professionals can still be appropriate facilitators depending on the learning outcomes. For example, an activity assisting new GPs in financial management may have an accountant as a facilitator. Facilitators need to be in 'good standing' with their profession. A description of how the providers ensures 'good standing' is required (eg checking with AHPRA or via reference checks, statement from the facilitator). For audits undertaken by an external provider, a description of the provider's experience in conducting GP audits should be provided.

Activity element 5 – Assessment

Assessment of learning is necessary to determine if learning outcomes have been achieved. The amount of assessment will vary depending on the type of Accredited CPD (Cat. 1) Activities and may involve self-assessment or assessment by others during or at the end of the activity.

A description of how learning will be assessed either formally or informally should be included in the CPD Program overview.

5.1 Assessments are implemented to measure achievement of the learning outcomes

Evidence	Explanation
• Formal assessments used: – DOPs – Mini-CEX – Written tests (eg MCQs, short answer, true/false, extended match questions) • Informal assessments used: – Self-assessment – Quizzes – Other – please describe	For activities using formal assessments the type of assessment should be listed. Assessment can be formal using established tools or informal such as quizzes administered throughout the activity. Examples are provided in the evidence list; however, the list is not exclusive and there may be other forms of assessment provided.

5.2 Assessment methods are evidence-based, valid, reliable and feasible

Evidence	Explanation
• Literature supporting use of assessment methodology • Methods for ensuring validity (eg link to learning outcomes) • Methods for ensuring reliability of assessments (eg assessor training)	The assessment methodology should be evidence based and both valid and reliable. Providers should be able to provide a description of how they have considered the validity of the assessment chosen (eg link to learning outcomes), type of methodology well accepted for assessing the content for knowledge (eg MCQs). Where assessors are used, the provider should describe how reliability of assessment is supported (eg assessor training). Where relevant, contemporary literature may be cited to support the use of a more formal assessment tool (eg Mini-CEX).

5.3 Participants receive feedback on their assessment outcomes

Evidence	Explanation
• Description of how assessment results are communicated to learners: – During activity – Post-activity – Written – Verbal – Other – please describe	It is important that the participants receive feedback on their assessment results. Where quizzes are used during an activity the feedback could be immediate, but in other instances the participants may undertake an assessment at the end of an activity and would need to get their results after the activity is completed and the assessment made. The provider should be able to describe how assessment results will be communicated to the learners either during or post the activity.

5.4 A reinforcing activity to promote self-reflection and application of learning is provided

Evidence	Explanation
• Description of reinforcing activity	GPs need to be encouraged to apply what they have learnt to their practice after undertaking an Accredited CPD (Cat. 1) Activity. A description of the post–Accredited CPD (Cat. 1) Activity should be provided that highlights how GPs will be prompted to self-reflect and consider how they will apply what they have learnt back in their workplace. The reinforcing activity needs to be clearly linked to the learning outcomes of the CPD Program activity.

Activity element 6 – Evaluation

All Accredited CPD (Cat. 1) Activities should be evaluated, and this information used to quality improve the activity for future implementation. The evaluation strategy will vary from activity to activity but involves the learners. The evaluation method should be developed in conjunction with planning the educational activity. The evaluation may require evaluating several perspectives (eg the learner versus the facilitator/s). Both perspectives are important when reviewing the overall activity and will be useful in making any changes. Providers are encouraged to reflect on their activity and how successful the design and delivery was in terms of assisting the learners to achieve the learning outcomes.

Data from the evaluation needs to be summarised and reviewed, with recommendations for change if the activity is to be reimplemented.

6.1 An evaluation strategy is implemented to assess all elements of the activity from design through to delivery

Evidence	Explanation
Outline and examples of the evaluation strategy: • Written questionnaire • Focus group • Self-reflection • Post-activity electronic survey • Other – please describe	The evaluation methodology to be used should be described – both who will be involved in evaluating (eg facilitator and participants, external expert), and how the evaluation will be undertaken (eg questionnaire, focus group). While it is appropriate for the facilitators to be involved in evaluation, it is important that the learners have an opportunity to provide their feedback on the activity in terms of how it supported their learning and any suggested improvements. Learners should also be provided with an opportunity to provide feedback on the facilitators to assist in their development.

6.2 There is a quality improvement process clearly documenting the activity review process and outcomes

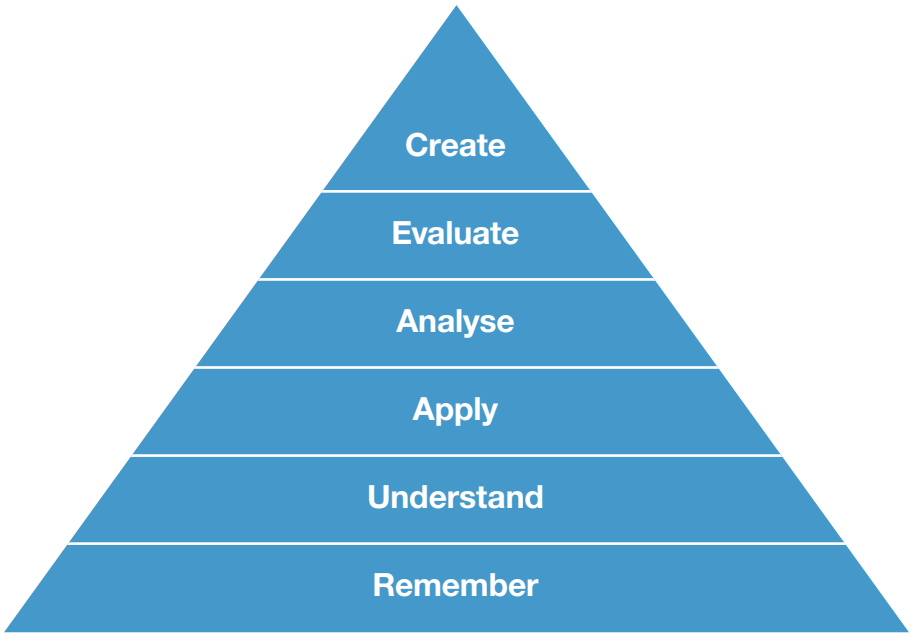
Evidence	Explanation
Process for reviewing evaluation data: • Who is responsible for collating data and making recommendations for change? • Who reviews recommendations and makes changes to the activity design or delivery as a result of evaluations? • Examples of changes to the activity as a result of previous evaluation data	The process for reviewing evaluation data and how it will be used to improve the quality of the activity should be described. This includes who will review, how recommendations for change will be determined, timeframe for implementing change and whether the change is related to design or delivery. In addition, where an activity has previously been conducted, a provider may provide examples of how they have quality improved an activity in the past. A template is provided in Appendix 1.3.

6.3 Participant evaluations are collated and shared with facilitators, the GP involved in the design of the activity and the RACGP*

Evidence	Explanation
How do facilitators/GPs/the RACGP receive evaluation data? • Group debrief post-activity • Individual data • Online access if desired • Other – please describe	For activities involving implementation by a facilitator, evaluation data should be shared with them to assist in their development and enhance any future activities with which they are involved. This may be in the form of a written summary, review of individual evaluation data, etc.

Appendix 1.1: Bloom's taxonomy and verbs for learning outcomes

As previously stated, Bloom's taxonomy describes levels of learning (a hierarchy) in the cognitive (knowledge) domain. The following diagram illustrates Bloom's taxonomy.



Different verbs are used in learning outcomes to indicate the level of Bloom's taxonomy at which the learning will be. Examples of verbs are provided in the following table.

Remember	Understand	Apply	Analyse	Evaluate	Create
List	Explain	Apply	Analyse	Evaluate	Create
Identify	Describe	Solve	Compare	Judge	Design
Recall	Interpret	Relate	Contrast	Determine	Compose
Define	Classify	Implement	Distinguish	Recommend	Generate
Label	Demonstrate	Execute	Differentiate	Defend	Plan
Reproduce	Predict	Construct	Organise	Measure	Produce
Copy	Summarise	Show	Attribute	Assess	Integrate
Quote	Relate	Interpret	Prioritise	Discriminate	Modify
State	Infer	Choose	Appraise	Defend	Role play

Source: Adapted from Anderson LW, Krathwohl DW, editors. A taxonomy for learning, teaching, and assessing: A revision of Bloom's taxonomy of educational objectives. Abridged 1st edition. New York: Addison Wesley Longman, 2001.

Appendix 1.2: Program template – Course/workshop

The following template sample is provided to assist Accredited CPD (Cat. 1) Activity providers in submitting a program for accreditation. Key elements include timing, delivery mode, interactivity, facilitators and linkage to the learning outcomes.

CPD Program activity title

Date		Location/venue		Duration			
Number of participants (maximum)		Rationale for maximum number (eg venue size, nature of activities)		Number of facilitators (minimum)			
Timing (duration of activity)	**Topic**	**Delivery mode and rationale**	**Interactivity**	**Facilitator**	**Learning outcome to be covered**	**Opportunities for feedback**	**Assessment of learning**
30 minutes	Revision – anatomy of the ear	Interactive discussion – content element all participants need to revise anatomy prior to practical skill acquisition	Questioning of participants	Dr X	Learning outcome 1	Self-evaluation of anatomy knowledge	Quiz questions throughout discussion
45 minutes	Examination of the ear	Practical session using otoscopes; participants need to be provided with an opportunity to practice the specific skill	Skills stations – participants examine each other's ears	Dr X and Dr Y	Learning outcome 2	Feedback on performance from peers and facilitator	Successful identification of pathology
10 minutes	Reflection on learning	Small group discussion; opportunity for interaction with peers, feedback and self-reflection	Discussion with peers	Dr Y	Learning outcomes 1 and 2	Peer and self-evaluation	Identification of aspects requiring future practice

Appendix 1.3: Audit or quality improvement cycle template

CPD Program activity title

Timing (duration of activity)	Topic	Delivery mode and rationale	Self-reflection opportunity	Feedback opportunity	Quality improvement opportunity	Learning outcome to be covered
Six months	Review of chronic obstructive pulmonary disease (COPD) follow-up – individual practice data	Online audit program – provides GP with data on which to reflect	No	No	No	Learning outcome 1
One hour	Review of audit feedback report	Written report delivered online – opportunity to benchmark own practice against national data	Yes	Yes, against national/ state data	Yes	Learning outcome 2
30 minutes	Reflection on learning and action plan	Individual written action plan to be developed – change of practice recommendations and how they will be implemented	Yes	Response from audit provider to action plan	Yes	Learning outcomes 1 and 2

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.