

ACRRM CPD Home

Program Handbook

Table of Contents

Introduction	3
ACRRM CPD Home	3
ACRRM CPD program	4
How can practitioners plan and reflect on CPD?	4
Specialist high-level requirements	6
Other requirements	6
Program-level requirements	6
Additional CPD Tracking	8
Maintenance of Professional Standards	8
Maintaining ACRRM Fellowship	9
Other information	9
CPD Record Storage, Retention and Disposal	11
CPD Accreditation of External Activities	2
ACRRM CPD Activities	12
CPD Categories	14
Educational activities	14
Other Educational Activities	16
Performance Review	16
Other performance review activities	18
Outcome Measurement	19
Other outcome measurement activity	20
Appendix 1: Maintenance of Professional Standards (MOPS) Reporting	
Appendix 2: Matrix of Activities	

Introduction

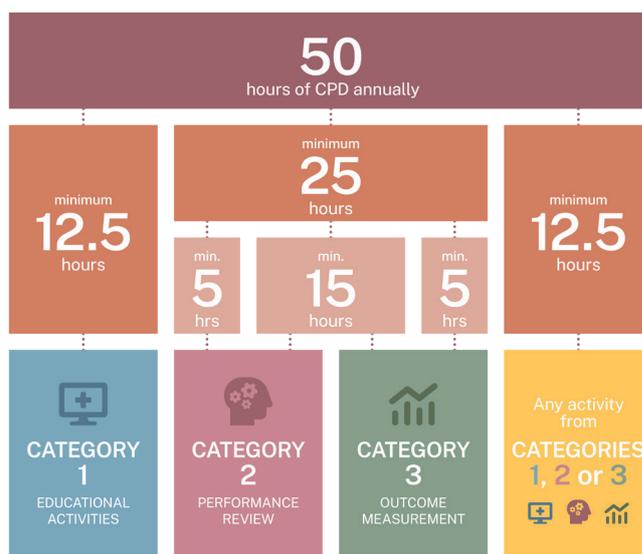
ACRRM's Continuing Professional Development (CPD) program has been developed to assist you in meeting the **Medical Board of Australia CPD Standard** for medical practitioners. In alignment with this standard ACRRM's CPD program runs an annual cycle and requires you to:

- have a CPD Home and participate in its CPD program
- do CPD that is relevant to your scope of practice
- base your CPD on a personal professional development plan (PDP)
- do at least 50 hours of CPD per year, that includes a mix of:
 - reviewing performance
 - measuring outcomes, and
 - educational activities.
- ensure that each year, your CPD activities encompass at least one CPD activity that addresses each of the CPD program-level requirements: culturally safe practice, addressing health inequities, professionalism and ethical practice.
- complete any Specialist high-level requirements required by your Medical Specialty.

ACRRM CPD Home

The ACRRM CPD program is designed to meet the needs of Rural Generalists, rural doctors, GPs, other medical doctors, and health practitioners.

Smarter. Faster. Easier. Better.



- 12.5 hours of educational activities
- 25 hours combined in the performance review and outcome measurement categories, with a minimum of five hours in each category
- 12.5 hours made up from a choice in any of the three categories

Our CPD program is guided by the clinical oversight of our **CPD Committee**. The CPD Committee ensures the program remains relevant, flexible and fit for purpose, supporting Rural Generalists to meet regulatory requirements while enhancing their clinical and professional skills throughout their careers.

As part of ACRRM's CPD Home you have access to your **live CPD dashboard** allowing you to understand and monitor your progress in real time. For on-the-go convenience you can also download the ACRRM **CPD Home App**.

ACRRM's dedicated Member Services Team are available to support you throughout your CPD journey. You can reach the team on 1800 223 226 or via cpd@acrrm.org.au.

ACRRM CPD program

ACRRM's program is designed to make recording of CPD less onerous for participants so you can focus more on your practice.

Our framework fosters a 'smarter not harder' approach by recognising activities you are already doing and developing and redesigning our professional development activities to better meet your requirements.

Additionally, our program offers CPD Home and Home Essentials participants a range of activities to enhance clinical, management, and professional skills throughout their medical careers.

The CPD program has been designed to enable self-reporting within a flexible framework to facilitate the recognition of doctors' day-to-day practice-based learnings as well as incorporate traditional educational opportunities such as conferences, lectures, and webinars.

An hour-based system means that you can select the activity type, complete a few brief questions to describe the activity and record the time you spent on it, to receive immediate CPD credits. You can also attach your evidence of participation for audit purposes.

The reflective notes field can be used as evidence for most activities. Self-recording activities mean you can immediately see your progress in your CPD portfolio.

ACRRM CPD program features:

ACRRM CPD allows you to meet MBA CPD requirements

- Access to an interactive online portal to track progress and intuitively add CPD activities
- Access to dozens of resources to allow you to incorporate and capture CPD undertaken during your daily practice
- Professional Development Plan (PDP) template to plan and reflect on your development
- Access to accredited activities that can be automatically added to your portfolio
- ACRRM delivers a varied range of courses to meet your CPD
- Optional MOPS program for doctors with special areas of interest/scopes of practice

- Access to the ACRRM CPD Home app to record and monitor your CPD on the go.

CPD Home and Home Essentials participants can access their CPD portfolio online and view their CPD progress immediately.

The screenshot displays a 'CPD Summary' dashboard with the following sections:

- CPD Summary**: 50 hrs required, 0 hrs, 0 min recorded.
- Educational activity**: min 12.5 hrs required, 0 hrs, 0 min recorded.
- Performance review & Outcome measurement**: min 25 hrs required, 0 hrs, 0 min recorded. This section is split into two sub-sections:
 - Performance review**: min 5 hrs required, 0 hrs, 0 min recorded.
 - Outcome measurement**: min 5 hrs required, 0 hrs, 0 min recorded.
- Balance of hours**: Additional hours from any of the above categories (min 12.5 hrs required), 0 hrs, 0 min recorded.
- Life Support**: Life Support Skills, Incomplete.
- PD Plan**: PD Plan not added, Incomplete.

How can practitioners plan and reflect on CPD?

Practitioners will be responsible for determining and planning what CPD aligns with their scope of practice. There are multiple options to choose from in each of the three categories: educational, performance review, and outcome measurement.

Practitioners are required to develop a PDP annually and review it regularly. A PDP does not take long to develop, and you can record CPD hours for completing it. The PDP can be based on an analysis of areas of need and include educational and training activities that reflect a practitioner's practice requirements and patient needs.

The College recommends that you identify the best activities for your own personal scope of practice at the start of each year and review your learning needs regularly.

It is an MBA requirement to develop a PDP annually.



Identify Learning Needs

Identify the knowledge and skills you need to gain or maintain over the CPD year and note these in your PDP. You may like to consider areas such as clinical skills, communication skills, management, and business skills.

Tailor your selection of activities to best support your current scope of practice.

Select CPD Activities

Through our ACRRM suite of CPD activities, you can choose activities that will help you meet the needs you have identified. ACRRM online modules cover a range of clinical areas, and our face-to-face courses offer comprehensive skills training.

These can be found on our [website](#).

You also have access to hundreds of accredited activities run by external providers. As an ACRRM CPD Home participant, these will be automatically added to your CPD portfolio upon completion.

ACRRM offers many resources to guide you through planning audits, peer review and other in-practice activities that may assist you in selecting your activities for the year.

You can access these through the resources section of your CPD Home.

You can use the Matrix of Activities in Appendix 2 to identify and choose suitable CPD activities.

Planning your CPD ahead of time will also ensure that you undertake activities that are best suited to your practice.

Add your PDP

To document your PDP, log into your [ACRRM CPD Home](#), and navigate to the Add Plan section, here you can complete your PDP template. When ready, return to this page to upload your completed plan. You can upload multiple plans over the CPD year as you review and reflect.

Use your CPD Portfolio

Using your CPD Portfolio on the ACRRM website is a simple, secure, permanent method of recording your professional development progress. You can add activities, view your progress, search the ACRRM database of accredited activities and print your statement from your CPD portfolio.

For guidance on using the platform please view these videos on [navigating the CPD portfolio](#) and [steps for recording your CPD](#).

Reflect on your Professional Development Regularly

New professional challenges and opportunities can present over the course of the year. A regular review of your professional development, and reflection on your progress, can ensure that your plan remains relevant to your professional goals and responsibilities.

Reflect on your Practice

The objective of professional development is to ensure that your practice as a medical professional is the best it can be. Professional development should result in continuous improvement and keeping up with advances in medical knowledge and practice management. Take time to actively reflect on your activities, implement changes where appropriate, and evaluate their effectiveness.

Specialist high-level requirements

Ahpra requires medical specialists to complete any specialist high-level requirements as mandated by their specialist college. Specialist high-level requirements encompass anaesthesia, emergency medicine, general practice, pain medicine, psychiatry, radiology, sport and exercise medicine, surgery, obstetrics and gynaecology, and intensive care medicine. More information is [available here](#).

General Practitioners must complete a CPR course every three years to fulfil their specialist high-level requirements. Further details on acceptable CPR activities can be found in the Life Support Section of the CPD handbook.

If you are an ACRRM CPD Home or CPD Home Essentials participant with specialist registration in one of these areas, ACRRM can track these requirements in your CPD Home. You will be able to print a statement noting your specialist high-level requirements compliance. For more information, please contact cpd@acrrm.org.au or the [CPD Framework](#) page.

Other requirements

Program-level requirements

The Medical Board of Australia's CPD Registration Standard requires all medical practitioners to complete CPD which is relevant to their scope of practice and includes core content on culturally safe practice, addressing health inequities, professionalism and ethical practice.

CPD compliance requires that each of the following program-level requirements feature at least once in your CPD activities each calendar year.

- Culturally Safe Practice
- Ethical Practice
- Professionalism
- Addressing Health Inequities

Upon completion of an activity that includes one of these components, CPD participant portfolios are updated to reflect these types of activities.

Program-level requirements can be selected when submitting your activities through your ACRRM CPD Home. For any activities you complete outside ACRRM's accredited courses, we have provided this inclusion to ensure any eligible activity you undertake will be recorded to meet the relevant requirement to one or more of these components.

In addition to the information below, the ACRRM CPD Committee is available to provide additional guidance or advice on developing and improving your practice in line with the guidelines of these program level requirements. To seek advice, please contact the Member Services Team on 1800 223 226 or via cpd@acrrm.org.au

Cultural safety

Ahpra's Good Medical Practice Code of Conduct states that cultural safety "*acknowledges the social, economic, cultural, historic and behavioural factors influencing the health of individuals, communities and populations, and involves understanding what individual patients and/or their family believe is culturally safe*".

Meeting Cultural Safety, as stated by the **Code of Conduct**, requires:

- Understanding how your own culture, values, attitudes, assumptions and beliefs influence your interactions
- Respecting the diverse cultures, beliefs, gender identities, sexualities and experiences of people
- A genuine effort to adapt your practice
- Avoiding bias, discrimination and racism
- Challenging assumptions that may be based on, for example, gender, disability, race, ethnicity, religion, sexuality, age or political beliefs

ACRRM's Curriculum, Domains of Rural and Remote Practice and CPD program are grounded in delivering Culturally Safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups to improve health and wellbeing in a strengths-based, respectful, and understanding approach.



Scan here to view the ACRRM Information Sheet

Ethical practice

As stated by [Ahpra's Good Medical Practice Code of Conduct](#), "They must be honest, ethical and trustworthy...Every doctor has a responsibility to behave ethically to justify this trust."

To ensure Ethical Practice is being undertaken, as discussed in the [Code of Conduct](#), it is critical ethical and legal obligations are upheld in:

- Patient confidentiality and privacy
- Research
- Workplace and colleague behaviour
- All other areas.

Ethical practice is included in ACRRM's Curriculum, Domains and CPD program and specifies the requirement to work within the relevant national and state legislation and professional and ethical guidelines, and to recognise unprofessional behaviour and respond according to ethical guidelines.



Scan here to view the ACRRM Information Sheet

Addressing health inequities

[Ahpra's Good Medical Practice Code of Conduct](#) "There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, economic, historic, geographic, and other factors".

Addressing Health Inequity, as stated by the [Code of Conduct](#), requires:

- Using expertise and influence to identify healthcare inequity
- Using expertise and influence to address healthcare inequity
- Protect and advance the health and wellbeing of individual patients, communities and populations

Addressing Health Inequity is a key component of ACRRM's Curriculum and CPD program, designed to help Medical professionals to identify and address the social and economic inequities that are experienced by communities in Australian and the link between socio-economic factors and health status.



Scan here to view the ACRRM Information Sheet

Professionalism

As stated by [Ahpra's Good Medical Practice Code of Conduct](#), "Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be honest, ethical, and trustworthy."

Referring to the [Code of Conduct](#) - professionalism includes:

- Patient-centred approach
- Honest, ethical, and trustworthy practice
- Confidentiality
- Good communication
- Self-awareness and self-reflection

ACRRM's curriculum and CPD program are grounded in these professional standards including clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching and research.



Scan here to view the ACRRM Information Sheet

Additional CPD Tracking

Life Support

ACRRM CPD Home and Home Essentials allows participants to easily track their completion of Life Support activities.

Advanced Life Support Skills

(Mandatory for Fellows)

ACRRM Fellows are required to complete Adult Advanced Life Support (ALS) training every three years to maintain Fellowship. To comply, an Advanced Life Support activity congruent with the Australian Resuscitation Council guidelines must be completed every three years.

Please note:

The ALS course must cover the management of adults. Therefore, APLS does not meet the standard required.

ALS courses must be a minimum of six hours long, include pre- and post-reflective activities, have a robust assessment process and provide members with the following skills and knowledge:

- Recognition, assessment, and management of the deteriorating patient using a structured ABCDE approach (aiming to prevent cardiac arrest)
- Treat cardiac and/or respiratory arrest, including manual defibrillation
- Management of life-threatening arrhythmias
- Preparing and planning for post-resuscitation care
- Care for the deteriorating patient or patient in cardiac and/or respiratory arrest in special circumstances such as asthma, anaphylaxis, and pregnancy
- Lead a team, work as a team member, and use structured communication skills including giving an effective handover
- Consideration for end-of-life decision making

Basic Life Support Skills

CPD Home and CPD Home Essentials participants who are non-Fellows of ACRRM are encouraged to demonstrate an understanding of, and practical competence in, one-person and two-person expired air resuscitation and external cardiac compression.

To comply, a Basic Life Support (BLS) activity congruent with the Australian Resuscitation Council guidelines must be completed every three years.

Specialist General Practitioners are required to complete an appropriate BLS course every three years to fulfil specialist high-level requirements.

ALS and BLS courses will also be counted towards the overall CPD requirements. ALS courses are also recognised as an Anaesthetics Emergency Response activity for GP Anaesthetists.

Maintenance of Professional Standards

The ACRRM Maintenance of Professional Standards (MOPS) program represents an elective advancement in CPD record management and reporting, specifically tailored for members possessing advanced skills in procedural, mental health, or emergency practice. MOPS is an integral optional component of the ACRRM CPD Program, available to all CPD Home and CPD Home Essentials participants.

Participation in MOPS not only fulfils the specific requirements of this specialised program but also contributes significantly to your broader annual CPD obligations. The activities undertaken within the framework of MOPS are seamlessly integrated into the comprehensive CPD structure, ensuring a holistic approach to professional development.

ACRRM offers the following MOPS:

- Anaesthetics
- Emergency Medicine
- Surgery
- Obstetrics
- Focused Psychological Strategies Skills Training (FPS ST)
- Medical Acupuncture
- Radiology

Additional Advanced Specialised Skills MOPS:

- Aboriginal and Torres Strait Islander health
- Academic Practice
- Adult Internal Medicine
- Mental health
- Paediatrics
- Population Health

- Palliative Care
- Remote Medicine

MOPS requirements for each of these areas can be found in [Appendix 1](#).

Should you wish to modify your MOPS requirements in alignment with your evolving clinical or professional practice, please contact cpd@acrrm.org.au to discuss any adjustments or enhancements to your MOPS plan.

Maintaining ACRRM Fellowship

All ACRRM Fellows must meet the ACRRM CPD requirements each year to maintain their Fellowship, including ALS and any relevant MOPS requirements.

A FACRRM's compliance with the ACRRM CPD Framework is assessed based on the evidence provided in the ACRRM CPD Home. If you participate in multiple CPD programs you can upload evidence (e.g. Compliance statement from another CPD Home) to the ACRRM platform in order demonstrate your CPD compliance and maintain your Fellowship.

If you are assessed as non-compliant 30 days subsequent the conclusion of the annual CPD cycle, you will be notified that you have not yet met the requirements of the Medical Board of Australia. You will also be advised of the timeframe for completion of any outstanding requirements in order to comply with the reporting requirements of the CPD Home. Should you remain non-compliant following notification and beyond the provided timeframe, the ACRRM CPD Home is required to notify the Medical Board that you are non-compliant, and your Fellowship may be rescinded in line with the College's policy.

Your commitment to excellence and ongoing development is paramount, and ACRRM is dedicated to supporting you in achieving your CPD requirements in line with your professional aspirations.

General Practitioners and Rural Generalists are encouraged to participate in the ACRRM MOPS program to maintain their skills.

Other information

Audit of CPD records

ACRRM is required to audit 5% of participant records each year.

You should retain records of your CPD activity for audit purposes. You are required by the Medical Board of Australia to retain your records for five years.

If selected for a random audit, ACRRM staff may request evidence if not uploaded to your CPD portfolio and all Life support and Maintenance of Professional Standards (MOPS) activities will be reviewed by the CPD Team before credits are allocated.

You can choose to store your evidence with each individual activity in your CPD portfolio or in a separate location, but if you do so you will need to produce it if you are selected for audit by the College. Ahpra may also choose to audit your CPD records, so it is important that you can produce evidence for your CPD activities on request.

Acceptable evidence

If you attend a structured course (either face-to-face or online), a certificate of attendance/ completion is preferred, but if this is not available you may provide written confirmation of attendance from the education provider or your reflective notes. ***Certificates of attendance are mandatory for Life Support.***

The College recognises that for some practice-based activities, such as peer discussions, practice analytics, clinical audits, review of medical records etc., it is more practical to provide your reflective notes or a summary of the activity results as evidence of having completed the activity.

Reflective notes should document the key learnings from the activity and any changes to practice that you have planned or implemented. If you have made changes to your practice and measured your outcomes, you could also document the impact of those changes. If you found links to other learning resources during the activity, you might like to include them in the reflective notes field to refer to later.

Your portfolio should be a useful reflective resource, as well as a place to document your activity and store your evidence.

Example of reflective notes

- What were the main topics covered?
- What were the key learnings?
- Was this activity relevant to your practice?
- Why/Why not?
- Will you change your practice because of this activity, and if so, how?
- Are there any barriers to implementing changes to practice, and if so, how will you overcome these?
- Are there further topics that you will pursue because of this education?

Requesting an Exemption or Extension for CPD Compliance

Members of the CPD Home program who have, or who anticipate that they will have, difficulty meeting the CPD requirements may apply for a full or partial exemption from compliance for a period of 6 to 12 months. It is also possible to request an extension of the final compliance date for annual CPD completion.

Requests are to be submitted by completing the [Application for Exemption or Extension of CPD Requirements form](#).

An exemption from participation in the CPD program, or an extension of final annual compliance date may be granted to a participant who meets one or more of the following criteria:

- Bereavement following the death of an immediate family member
- Extended family/personal leave
- Parental leave/Carer's Leave
- Health reasons
- Reasons related to cultural responsibilities
- Extended absence from professional duties
- Other special circumstances

An application for exemption/extension will be considered and determined by the Censor in Chief in line with the [College's policy](#).

Applicant information is treated as private and confidential. Please note appropriate documentation will need to be provided to support the application, such as a copy of a leave application or medical certificate.

Exemptions are considered on a case-by-case basis and may be approved for a maximum period of one year.

The Censor in Chief may approve a pro-rata exemption and set a reduced minimum requirement for an applicant whose criterion for exemption resolves or is for less than one year.

In granting exemptions, consideration will be given to ensuring all participants' continued competency to provide safe and quality medical care in accordance with their registration status.

An applicant may lodge an appeal against the decision of the Censor in Chief through the processes outlined in the [College Reconsideration, Review and Appeal policy](#).

Please contact cpd@acrrm.org.au for more information.

CPD Remediation Policy

ACRRM will support participants in meeting their CPD requirements. Where a participant does not complete their CPD or request and extension or exemption by the end of the CPD cycle, the [ACRRM Remediation Policy](#) will apply.

CPD Certificates and CPD Statements

Participants can download CPD statements at any time by logging into My CPD Home via the ACRRM website. CPD statements will note progress against CPD requirements and details of all approved CPD activities that have been recorded in the CPD Home portfolio.

Upon successfully completing all CPD requirements for a CPD cycle a CPD Certificate of Compliance will be available to download from My CPD Home via the ACRRM website.

Compliance Reporting

The CPD cycle is based on a calendar year from 1 January to 31 December. As a CPD Home, ACRRM is required to report to Ahpra on the compliance of participants after the finalisation of the CPD cycle. ACRRM will report to Ahpra on the CPD status of participants that hold Medical registration (This includes Specialist Pathway participants, and RG Registrars). Our report will include the following details:

- given name/s
- family name
- Ahpra/Medical Board registration number
- compliance status

ACRRM may also report on MOPS compliance for the following MOPS areas:

- FPS CPD
- Radiology
- Medical Acupuncture

Communicating change

Significant changes to the ACRRM CPD program will be advised to CPD Home Essentials and CPD Home participants a minimum of 6 months in advance of implementation.

Participants will be notified of these changes through the CPD Home platform, CPD newsletter and also by email correspondence. CPD Home members may also receive change notifications via Connect@ACRRM.

Patient Information and CPD

It is important to note that you should never log any patient details in your PD portfolio. For activities where you have reviewed medical records and audited data, please just submit an overview of the activity and a summary of the results.

Do not submit any identifiable patient data. It is your responsibility to ensure any evidence uploaded to ACRRM does not include identifiable patient information.

CPD Record Storage, Retention and Disposal

The protection of your privacy and the confidentiality of your personal information is important to the Australian College of Rural and Remote Medicine.

The College is bound by the Privacy Act 1988 (Cth) ("the Privacy Act") and the Australian Privacy Principles contained within the Privacy Act, which regulate how organisations may collect, store, use and disclose personal information, and how individuals may access and correct information held about them.

Storage

Your CPD records will be stored in accordance with our [Privacy Policy](#).

We store your personal information in both electronic IT systems as well as paper files.

The College uses secure third-party data storage facilities and services to manage this data.

Information that we collect relating to your CPD activities is kept confidential and will only be accessed by authorised persons within the College and authorised representatives unless advised otherwise. We maintain physical security (such as locks and security systems) and electronic security (such as firewalls and access controls for computer systems).

Retention

We will only collect and retain information from you that is reasonably necessary for or directly related to undertaking our CPD business, activities and functions. The types of information that we will collect will depend on the CPD products, benefits and services you have asked us to provide.

We will not collect, use or disclose information about you unless it is reasonably necessary to provide you with a CPD product or service, unless we are legally required or permitted to collect, use or disclose that information.

Archiving and retrieving data

You are entitled to have access to any personal information relating to you which you have previously supplied to us. You are entitled to edit or delete such information unless we are required by law to retain it or permitted to retain it in accordance with this Privacy Policy or our CPD requirements. If you request it, we will provide you a summary of any personal information held about you in accordance with our obligations under the Privacy Act.

Disposal of data

For the purposes of meeting legal and regulatory requirements, ACRRM may be required to reference CPD records at any time while a medical practitioner is practising or after they cease to practice. As a result, ACRRM retains CPD records indefinitely.

If you have any concerns about privacy, please contact us on 07 3105 8200 or email us at privacy@acrrm.org.au.

CPD Accreditation of External Activities

Accreditation of External Activities

To assist you in meeting your CPD compliance, a list of accredited courses is clearly displayed on our website with indication of the relevant CPD hours, category attribution, and requirements covered.

Courses listed on this page have been assessed against ACRRM's accreditation criteria, which has been designed to meet or exceed the standard set out in the Professional Performance Framework, the Medical Board of Australia's CPD requirements, and the intent of the College's CPD criteria for improving clinical practice.

These criteria are:

- Does the educational activity help to update knowledge and skills, review performance and/or measure outcomes?
- Does the activity relate to the intent of improving or maintaining clinical knowledge, skills, and confidence in relevant areas of Clinical or Professional Scopes of Practice and meets the

appropriate principles and standards?

- Does the educational event/activity have clear, specific learning objectives?
- Are the planned educational strategies based on adult learning principles?
- Does the application show that some impact evaluation (changes in knowledge, skill, attitude, professional practice or patient outcome) is planned?

Any courses that appear on this page have been assessed by the ACRRM CPD Accreditations team. Education Providers must first undergo a registration process via the ACRRM website. Once accepted as an approved Educational Provider, each individual course is submitted for assessment by our accreditation team against the above criteria before being deemed suitable.

This supports participants in reviewing, planning, undertaking, and recording their CPD activities in their CPD portfolio.

When you attend an ACRRM accredited course by an external provider, please provide your seven-digit member number or CPD Home Essentials number and request that the provider reports to ACRRM to ensure that the activity is recorded for you.

ACRRM CPD Activities

ACRRM provides a range of options to assist you in completing your CPD.

Accredited Activities:

All ACRRM CPD Home participants have access to our accredited CPD activities. These activities are facilitated by external education providers. These activities include in-person and distance education, clinical audits and case discussion groups. The [Accredited activity](#) page allows participants to filter activities by CPD category, topic, curriculum domain, location and RPPG eligibility.

ACRRM Online Learning

ACRRM's expanding suite of [online learning activities](#) are free to ACRRM members and include a range of Educational and Performance Review activities across topics relevant to rural generalist practice.

CPD Home Essentials participants can access selected modules for a fee. To enquire about ACRRM membership please [click here](#).

ACRRM Courses

[ACRRM courses](#) allow participants to learn best-practice techniques in a hands-on and supportive environment that provides the opportunity to maintain and extend skills in Rural Generalist Medicine. Courses are run through-out the year all around Australia. Discounts are available for ACRRM members.

ACRRM Conferences

ACRRM hosts a range of conferences throughout the year allowing attendees to gain valuable connection, industry updates and skills alongside CPD. These conferences include:

- [Rural Medicine Australia](#)
- ACRRM Supervisor Summit
- AST Procedural Skills Conferences

ACRRM Webinars

ACRRM hosts a range of webinars on diverse topics relevant to rural generalism. Details on Webinars can be found [here](#).

Connect@ACRRM: Clinical Communities of Practice

ACRRM Members have access to [our forum platform](#) to enable networking and connection amongst Rural Generalists. This forum, Clinical Communities of Practice, allows for case discussion and peer review to occur amongst colleagues with a similar scope of practice. These clinical communities of practice attract CPD in the performance review category.

Clinical Communities of Practice exist for the following areas:

- Aboriginal and Torres Strait Islander Health
- Academic Practice
- Anaesthetics
- Emergency Medicine
- General Practice
- Medical Acupuncture
- Mental Health
- Obstetrics and Gynaecology
- Paediatrics
- Palliative Care
- Population Health
- Radiology
- Remote Medicine
- Surgery

ACRRM Podcasts

ACRRM produces rural health podcasts offering insights and practical tips to support rural generalist practice. CPD for listening to ACRRM podcasts can be self-recorded in the Educational Activity CPD category. [ACRRM podcasts](#) include:

- RG Life Hacks
- Supervisors Compass

Australian Rural Health Journal

ACRRM members have free access to the Australian Rural Health Journal, CPD can be claimed for reading journal articles.

ACRRM CPD Resources

ACRRM has invested in a range of resources to support you in undertaking CPD as part of your everyday practice. In the CPD Resources section of CPD Home, you will find guides on using the CPD portfolio, alongside guidelines and templates to enable you to confidently undertake CPD activities in your practice. Resources cover topics such as:

- Professional Development Planning
- Best Practice Reflection
- Clinical attachments
- Clinical Audits
- CPD Reflection
- Program Level Requirements

- Locum CPD
- Patient Feedback
- Peer Observation
- Peer Review
- Cases Discussions
- PUNS and DENS
- Significant Event Analysis

CPD Categories

Educational Activities

This category includes activities that help you gain knowledge or skills. For example, lectures, presentations, meetings, distance education, and any self-directed formal study.

Performance Review

This category includes formal or informal activities that analyse and reflect on your work performance.

Reviewing performance includes measures that analyse and reflect on your own work processes such as feedback from peers, colleagues, and patients.

Many practitioners already undertake some type of workplace appraisal, and time spent undertaking and reflecting on this activity can be claimed as a performance review.

Peer review is also an important tool in reviewing performance, and ACRRM recognises that there is a range of peer review activities including structured one-on-one observations with feedback, small group case-based discussion meetings, online case discussion forums and ad hoc clinical discussions with your colleagues.

There are many other activities including clinical attachment, skills training with assessment, and practice accreditation that can be claimed as performance review hours.

Many activities can be claimed in either the performance review or outcome measurement categories. Claim as performance review if the activity focused on reviewing your systems and practices (how you work).

Outcome Measurement

This category includes activities where you can measure an outcome. Measuring outcomes can involve reviewing practice data and reflecting on your patients' health outcomes in activities such as clinical audits, morbidity and mortality meetings and practice analytics. Many activities can be claimed in either the performance review or outcome measurement categories. If an activity helps you understand how well certain interventions or practices are working by reviewing and analysing clinical outcomes, it can be claimed as outcome measurement hours.

Not all outcome measurement activities require access to institutional datasets. ACRRM has developed CPD resources that include small-scale audit ideas including; Patient Unmet Needs (PUNS), Doctors' Educational Needs (DENS), and how to use best-practice guidelines to evaluate your own practice and outcomes. These are available in your CPD portfolio.

See the [CPD Matrix in Appendix 2](#).

Educational activities

Clinical guideline development

CPD hours can be claimed for contributing to the review, design/re-design of clinical guidelines. Time spent consulting on guidelines or participating in committee work in relation to guideline development can be included here. Evidence can include guideline documents, meeting notes, and reflective notes.

Research papers

CPD can be claimed for research work such as contribution to a journal article, grant submission, trial, or the presentation of a scientific poster, paper, or workshop at a professional scientific or medical conference. Research and preparation time may also be claimed. Evidence can include the journal article, research summary, or confirmation from a research body.

Committee work

CPD can be claimed for time spent participating in committees relevant to rural generalism and your scope of practice. This may include participation in an expert reference group, advisory, education or research/ethics committees. Evidence can include committee agendas/minutes, written confirmation of involvement or reflective notes.

Conferences, workshops, scientific meetings, courses, panels and lectures

CPD hours can be earned by attending medical education conferences, workshops, scientific meetings, and seminars. Evidence can include a certificate of attendance or reflective notes

Distance Courses/Webinars

Distance education modules are long-distance activities that can be undertaken in real-time or at any time suitable to the practitioner. Examples might include webinars, online modules, online videos or podcasts.

Formal study

Accredited courses relating to your clinical practice can include a Graduate Certificate, Graduate Diploma, Masters, and Doctorate. Evidence must include certification from your university.

Reviewing Ethics or grant proposals

Contribution to a panel or review body evaluating the merit, methodology, or ensuring compliance with ethical standards of formal research or grant application can be claimed towards CPD. Evidence can include confirmation of participation from the reviewing body.

Self-directed learning

Examples of self-directed learning activities include reading journals and books, listening and watching educational podcasts or videos, using computer learning programs, reviewing scientific articles, or undertaking self-assessment modules. Evidence may include detailed reflective notes.

Supervision

A supervisor is the doctor responsible for the day-to-day performance of a registrar or Medical-Student. Supervision involves providing monitoring, guidance, and feedback on matters of personal, professional, and educational development in the context of the doctor's care of patients.

This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations, in order to maximise patient safety. May be claimed in the performance review category if the supervision activity prompts reflection on your own practice and performance, evidenced by reflective notes.

Teaching programs: presenting/ facilitating/ instructing

Structured formal teaching/supervision of medical students organised through a university medical education program or delivering targeted education to peers.

This activity may also include the teaching of allied health workers in clinical settings such as emergency departments.

May be claimed in the performance review category if the teaching activity prompts reflection on your own practice and performance, evidenced by reflective notes.

Developing educational material

CPD hours can be claimed for developing professional standards that impact on the practice of peers and developing education programs relevant to rural or remote/clinical practice. This includes the development of or participation in ACRRM assessments.

Other Educational Activities

Other activities that relate to your professional practice can be added to your CPD. Please provide a detailed description when claiming CPD hours. Some activities might include:

Teaching practice accreditation

Earn CPD hours by having your practice accredited as a teaching practice for registrars. ACRRM Fellows are encouraged to apply to have their practice accredited as a registrar training environment.

Contact training@acrrm.org.au for more information on practice standards and the accreditation process.

Educational visit

Visits to a practice by a respected peer, or expert in a particular field, for the purpose of delivering a specific, targeted lesson.

Co-ordinating and moderating clinical forum discussions

Members are awarded CPD hours for moderating clinical forum discussions, face-to-face or online.

Performance Review

Assessment of skills/simulator/practical training

Structured learning activities involving small-group, intensive practical training. These activities can include emergency and/or procedural skills training or other workshops with scenario-based content, that include a formal assessment component and an opportunity to review individual performance.

Evidence can include a certificate of completion.

Best practice reflective activity

This quality improvement activity can be undertaken in your own practice by researching the best practice for a particular presentation, comparing your own practice to that benchmark, and identifying possible improvements. Claim performance review hours for this part of the activity.

If you make changes to practice and re-evaluate your outcomes this can be claimed in the outcome measurement category. There is a guideline for undertaking this activity in the resources section of your CPD portfolio, plus a list of useful links.

Evidence may include reports on findings, or detailed reflective notes.

Case-based discussion (peer review)

Either one-on-one or in a small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision-making.

Cases can be discussed face to face or via distance education options including video conferencing and social media.

Case-based discussion can also be claimed in the outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Clinical attachment

This is a period of attachment in another clinical setting involving hands-on clinical practice with the aim of learning or updating specific skills or areas of knowledge.

A clinical attachment must include:

- Specific learning objectives
- Specific learning activities
- A clear process of monitoring the achievement of learning objectives
- Reflection on the outcome

All clinical attachments must be supervised and signed off by an appropriate senior clinician.

Evidence may include meeting agendas, completion of the ACRRM Case discussion template or reflective notes.

Locum improvement tool

The aim of this performance review tool is to provide suggestions for areas of improvement from the locum to the practice and vice versa.

GPs complete their locum placement and provide feedback to the practice to facilitate improvements in patient care and to identify areas that might allow the practice to run more efficiently. The practice is also asked to provide suggestions back to the locum to allow them to reflect on their performance and make improvements where applicable. Where possible this should be from a range of colleagues.

This activity can be claimed as either a performance review or outcome measurement, depending on the focus of the activity.

This tool can be accessed via the resources section of your CPD portfolio. Evidence will include the completed template.

Medical Record Review (MRR)

Medical Record Reviews (MRR) assess the quality of records and can highlight areas for improvement. Completing a review of medical records involves identifying goals and a timeframe, conducting a review, recording data, analysing data, and implementing required improvements. A guideline on how to complete MRR is available in the CPD Resources.

This activity can be claimed in either the performance review or outcome measurement categories.

Multi-Source Feedback (MSF)

Multi-Source Feedback (MSF) is the process by which groups of individuals (colleagues, co-workers, and patients) complete a survey to provide feedback on an individual doctor's performance.

The doctor also completes a self-evaluation exercise and reflects on the results from all groups to identify areas for possible improvement.

Comparative results from peers may also be provided along with externally facilitated feedback, to inform the reflective process.

Evidence may include the MSF report or summary.

Patient feedback

Responding to patient feedback is useful in confirming the patient-centred nature of healthcare and improving patient outcomes. Processes and ideas for collecting and reflecting on patient feedback are available in the CPD Home resources, including a sample patient letter and survey.

Where the feedback has led you to measure your clinical outcomes, this activity can also be claimed in the outcome measurement category.

Peer review of clinical practice

Structured one-on-one peer review activity by a peer of your choice, either face-to-face or by video. After an initial discussion with the reviewer on the scope of practice, learning needs and any specific requests for focused feedback, the reviewer observes consultations (with the patient's consent) and provides feedback for reflection and discussion between the reviewer and the peer.

This activity can also be claimed in the Outcome Measurement category if you have implemented changes as a result of the activity and re-evaluated your clinical outcomes.

Peer review of teaching

Structured observation of your teaching practice by a colleague in order to provide feedback on your clinical teaching, identify any strengths and areas for improvement and explore different approaches to teaching in the future. This process can be completed remotely via video conference or other platforms as well as face-to-face. A guideline and templates for this activity can be accessed in the resources section of your CPD portfolio.

May also be claimed in the Outcome Measurement category if the activity involved the evaluation of your clinical outcomes.

Practice accreditation

The principles of peer review are applied throughout the practice accreditation process:

- practice staff assess their performance against a set of standards
- practice improvements are identified
- determine the timeframe to make changes to the practice structure and services
- trained peer assessors are invited to assess the practice against the standards.

Outline your involvement in the accreditation process in your CPD portfolio and provide a copy of your practice accreditation certificate as evidence.

Hours spent reviewing systems and processes can be claimed as performance review and hours spent on measuring clinical outcomes can be claimed in the outcome measurement category.

PUNS and DENS

PUNS: Patient Unmet Needs

DENS: Doctors Educational Needs

The PUNS and DENS activity identifies learning needs and service gaps to direct professional development and implement evidence-based improvements in practices and clinical services. PUNS & DENS are easy to assess and can be undertaken as an individual or clinical group activity. After each consult reflect and record in a log what could have been better for the patient and what improvements you could make. A guide and template for this activity can be found in the CPD Resources. Can be claimed in either the Performance Review or Outcome Measurement categories.

Reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Can be claimed in either the performance review or outcome measurement categories.

Supervision of registrars (performance review)

Where supervision of registrars prompts reflection on the supervisor's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Teaching programs— presenting/facilitating/instructing (performance review)

Where teaching, presenting, facilitating and instructing prompts reflection on the teacher's own performance, CPD hours can be claimed in the performance review category, evidenced by reflective notes.

Workplace performance appraisal

Claim CPD hours for time spent preparing, participating in, and reflecting on a formal workplace performance appraisal. The intention is to recognise the value in performance appraisal activities that members may already be completing for their employers and avoid unnecessary duplication of activity.

Other performance review activities

CPD can be claimed for any other performance review activities not listed above that is relevant to your scope of practice. Please provide a detailed description when claiming CPD hours. Some options may include:

Publications

Publishing relevant original work in a book or a peer-reviewed article e.g., original research paper, quality improvement report, short report, letters to the editor, etc. Other publications such as non-peer-reviewed articles may also be claimed. Where research for the publication involves performance review, hours can be claimed in this category. May also be claimed in the Outcome measurement category if the activity involved the evaluation of your clinical outcomes.

Scientific presentation

Where research for your scientific presentation involves reviewing systems/performance, hours can be claimed in the performance review category, evidenced by reflective notes.

Outcome Measurement

Best practice reflective activity

See [Performance Review Section](#).

Case-based discussion (peer review)

Case-based discussion can be claimed in the Outcome measurement category, where the discussion has prompted changes to practice which can then be evaluated.

Clinical audit

A clinical audit is a process that seeks to improve the quality of patient care and outcomes by measuring current practices against best practices and implementing changes if required. Data is collected to assess the care that the individual practitioner provides to establish if changes in practice are needed. An audit should be relevant to the practice, address specific questions, and be likely to provide useful findings.

1. Identify the standards against which the audit will be conducted
2. Data collection of current practice
3. Comparison of current practice against the standard
4. Implement changes if required
5. Evaluate the effectiveness of changes

Undertaking an audit can be a straightforward process using Plan, Do, Study, Act methodology and there is a clinical audit basics guideline available in your CPD portfolio, with audit examples for various practice types.

Incident reports/ significant event analysis

Significant event analysis (SEA) is a quality improvement and learning tool used to reflect on patient safety incidents and identify ways in which systems can be improved to enhance future patient care. A SEA activity examines underlying systems and deals with weaknesses in those systems to improve patient care. It is used as a tool to reduce the risk of repeat instances. Information on the event is collated and discussed, and processes are implemented as needed.

Changes are monitored going forward and revisited, as necessary. A guideline for how to conduct a SEA is available in the CPD portfolio.

Locum improvement tool

See [Performance Review Section](#).

Medical Records Review (MRR)

See [Performance Review Section](#).

Morbidity & mortality meeting

Morbidity and Mortality (M&M) meetings provide doctors with the opportunity to learn from clinical outcomes and improve health care in public and private practice. Meetings are held regularly and are a useful tool for improving the governance of patient safety. M&M meetings improve accountability around record keeping and support ongoing professional development with a view to improving processes for better patient outcomes.

Practice accreditation

See [Performance Review Section](#).

PUNS and DENS

See [Performance Review Section](#).

Reflect on procedural logbook

Where a logbook is maintained for credentialing purposes, this option allows for reflection on procedures and outcomes and identifying opportunities for improving practice.

Other outcome measurement activity

Can be claimed for any other outcome measurement activity not listed above that is relevant to your scope of practice.

Please provide a detailed description when claiming CPD hours.

Some options may include:

Practice analytics

Practice software can be used to collect and analyse data for outcome measurement and practice improvement. A resource will be available in the CPD portfolio, highlighting the value of structured data and what tools are on offer and how to structure practice analytics to suit various needs.

Published Research

Where research involving outcome measurement is published in a book, scientific presentation or peer reviewed article, hours can be claimed in this category.

Patient feedback

See [Performance Review Section](#).

Peer observation of teaching audit

See [Performance Review Section](#).

Observation of clinical practice (peer review)

See [Performance Review Section](#).

APPENDIX 1

Maintenance of Professional Standards (MOPS) Requirements

CPD participants in the ACRRM MOPS program must demonstrate compliance in their MOPS domain through completion of:

- *2 current clinical Skills training courses, or;*
- *8 hours of eligible Performance Review/Outcome measurement activities.*

Clinical Skills Training Courses:

Clinical Skills training courses involve hands-on or scenario training-based courses with a minimum duration of 6 hours, that aim to enhance and develop procedural and clinical skills. Each eligible course will be valid for a period of 3 years; participants must demonstrate currency of two courses each year in order to maintain MOPS compliance.

Details of suggested Clinical Skills Training activities for each AST MOPS area can be found below.

Eligible Performance Review/Outcome Measurement Activities:

Performance review and Outcome measurement activities allow for activities undertaken as part of practice to be included for MOPS, these activities focus on development and maintenance of Advanced Specialised Skills through engaging in reflective practice, peer review and quality improvement activities.

To fulfil AST MOPS requirements via completion of Performance Review/Outcome measurement activities participants must demonstrate engagement in 8 hours, annually, of the following activities focused on their AST area:

- Patient survey
- Clinical audit
- Clinical attachment
- Multi-source feedback (MSF)
- Case-based discussion (peer review)
- Maintenance and Reflection on a Logbook of Procedures
- Outcome or Research project

Aboriginal & Torres Strait Islander Medicine

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Aboriginal and Torres Strait Islander Health.

Suggested courses:

- Rural Emergency Skills Training (REST)
- Advanced Life Support 2 (ALS2)
- Paediatric Emergencies for Rural Generalists (PERG)
- Cultural Awareness Module
- Drug and Alcohol Addiction Education Courses
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Introduction to Population Health
- Rural Doctors Family and Domestic Violence Education Package
- Approach to Care courses
- Rural Sexual Health courses

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Aboriginal and Torres Strait Islander Health.

Academic Practice

2 Valid Skills Courses (min 6 hours each) focused on related to Academic Practice focusing on:

- training
- teaching
- academic supervision

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Academic Practice

or;

Current enrolment in Masters or PhD Thesis development.

Adult Internal Medicine

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Adult Internal Medicine.

Suggested courses:

- Rural Emergency Skills Training (REST)

- Advanced Life Support 2 (ALS2)
- Paediatric Emergencies for Rural Generalists (PERG)
- Point of Care Ultrasound (POCUS)

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Adult Internal Medicine.

Anaesthesia

2 Valid Clinical Skills Assessment Courses including Anaesthetic Emergency Response activities.

Suggested courses:

- Advanced Life Support 2 (ALS2)
- Advanced Paediatric Life Support (APLS)
- Paediatric Emergencies for Rural Generalists
- Rural Anaesthetics Crisis Management (RACM)
- Rural Emergency Skills Training (REST)
- Pre-Hospital Emergency Care (PHEC)
- All ANZCA Emergency Response (ER) Activities

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Anaesthesia.

Emergency Medicine

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Emergency Medicine.

Suggested clinical skills courses:

- Advanced Life Support 2 (ALS2)
- Advanced Paediatric Life Support (APLS)
- Paediatric Emergencies for Rural Generalists (PERG)
- Rural Emergency Skills Training (REST)
- Rural Anaesthetics Crisis Management (RACM)
- Point of Care Ultrasound (POCUS)
- Pre-Hospital Emergency Care (PHEC)
- Rural Emergency Obstetric Training (REOT)

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Emergency Medicine.

Mental Health

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Mental Health.

Suggested courses:

- Mental Health First Aid (MHFA)
- **Human Experience, Awareness and Resilience Training for Rural Doctors (HEART)**
- FPS CPD Activities
- **Mental Health Disorders Training**
- Youth Mental Health Training

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Mental Health.

Obstetrics & Gynaecology

2 Valid Clinical Skills Assessment Courses (min 6hrs each) in Obstetrics and Gynaecology.

Suggested clinical skills courses:

- **Rural Emergency Obstetrics Training (REOT)**
- Practical Obstetric Multi-Professional Training (PROMPT)
- **Advanced Life Support 2 (ALS2)**
- **Neonatal Advanced Life Support (NALS)**
- **Rural Emergency Skills Training (REST)**

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Obstetrics and Gynaecology.

Paediatrics

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Paediatrics.

Suggested clinical skills courses:

- **Rural Emergency Obstetrics Training (REOT)**
- Practical Obstetric Multi-Professional Training (PROMPT)
- **Advanced Life Support 2 (ALS2)**
- **Neonatal Advanced Life Support (NALS)**
- **Rural Emergency Skills Training (REST)**

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Paediatrics.

Palliative Care

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Palliative Care.

Suggested courses:

- Palliative Care – A Doctor's Bag
- Palliative Care – Choose Your Own Journey
- Program of Experience in the Palliative Approach (PEPA)

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Palliative Care.

Population Health

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Population Health.

Suggested courses:

- Introduction to Population Health
- Approach to Care courses
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Digital Health Rural Australia – Better Health, Easier to Deliver
- Alcohol and other Drugs courses
- Rural Doctors Family and Domestic Violence Education Package
- Q Fever – Early Diagnosis and Vaccination
- Yellow Fever Vaccination Course

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Population Health.

Remote Medicine

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Remote Medicine.

Suggested courses:

- **Advanced Life Support 2 (ALS2)**
- **Rural Emergency Skills Training (REST)**
- **Rural Anaesthetics Crisis Management (RACM)**
- **Pre-Hospital Emergency Care (PHEC)**
- **Rural Emergency Obstetric Training (REOT)**
- Approach to Care Courses
- Introduction to Population Health

- Effective Communications Skills
- Digital Health in Rural and Remote Australia – Better Health, Easier to Deliver

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Remote Medicine.

Surgery

2 Valid Clinical Skills Assessment Courses (min 6 hours each) in Surgery.

Suggested clinical skills courses:

- Advanced Trauma Life Support (ATLS) - Previously EMST
- **Rural Emergency Skills Training (REST)**
- **Advanced Life Support 2**

or;

8 hours of Eligible Performance Review/Outcome Measurement activities relevant to Surgery.

Other MOPS requirements

Focused Psychological Strategies (FPS ST) (2026-2028)

To maintain registration for Focused Psychological Strategies, GPs and/or RG's who have completed a Focused Psychological Strategies Skills Training (FPS ST) course are required to;

Complete 6-hour Focused Psychological Strategies Continuing Professional Development (FPS CPD) course every three years.

For more information, please visit the [GPMHSC website](#).

Medical Acupuncture (2026-2028)

4 hours Reviewing Performance in medical acupuncture, such as:

- peer-group case-based discussion
- multisource feedback
- teaching medical students/GPs in training
- higher education/professional certification
- provider-led education activities that indicate this category

4 hours Measuring Outcomes in medical acupuncture, such as:

- an individual or group audit
- PDSA (plan, do, study, act)
- evidence-based medicine journal club (EBMJC)
- higher education/professional certification
- provider-led education activities that indicate this category

4 hours Educational Activity in medical acupuncture, such as:

- reading medical journals or web-based sources of acupuncture research articles
- self-directed learning
- attending lectures, conferences, and workshops in medical acupuncture
- attending webinars, seminars, and podcasts in medical acupuncture
- provider-led education activities that indicate this category

Radiology (2026-2028)

Completion of one of the following activities:

- Successful completion of 3 blocks of 10 cases (30 cases) and their associated assessments in the ACRRM online 150 shades of Radiology module (12 hours)
- Completion of 15 film reviews, supervised and signed off by a Radiologist (12 hours)
- 2 x 6hr Formal Skills Assessment Course in radiology and/or ultrasound courses with hands-on practical training (12 hours)

If you would like to add or change your MOPS requirements, please contact the CPD team on cpd@acrrm.org.au.

APPENDIX 2

Matrix of Activities

M Eligible for MOPS

m May be eligible for MOPS

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Advanced Life Support	✓ Didactic component	✓ (skills assessment component)		M
Basic Life Support		✓ (skills assessment component)		M
Conferences, workshops, scientific meetings, courses and seminars	✓			m
Skills/simulator/practical training	✓			
Teaching Practice Accreditation	✓			
Educational visit	✓			
Co-ordinating and moderating clinical forum discussions	✓			
Development of Relevant Educational Programs	✓			
Distance-based education modules	✓			m
Scientific presentation	✓	✓	✓	
Self-directed learning	✓			
Supervision of registrars	✓	✓		
Teaching Programs—Presenting/Facilitating/Instructing	✓	✓		
University courses	✓			
Other educational activity	✓			

Activity	Educational activity	Performance review	Outcome measurement	MOPS
Multi-source Feedback		✓		M
Patient Feedback		✓	✓	
Observation of clinical practice (peer review)		✓	✓	M
Case based discussion (peer review)		✓	✓	M
Case studies		✓	✓	
Publications		✓	✓	
Practice accreditation		✓	✓	
Clinical Teaching Visit		✓		
Formal workplace performance appraisal		✓		
Assessment of Skills/simulator/practical training		✓		M
Clinical attachment		✓		M
Locum Improvement Tool		✓	✓	M
Peer Observation of Teaching Audit		✓	✓	
Other performance review activity		✓		
Best Practice Reflective activity		✓	✓	
PUNS and DENS		✓	✓	
Clinical audit			✓	M
Review of medical records		✓	✓	
Morbidity & Mortality meetings			✓	
Significant Event Analysis			✓	
Practice analytics			✓	
Maintain and reflect on procedural logbook		✓	✓	M
Other outcome measurement activity			✓	

Document Control Management

Policy Information

Policy author:	Member Services Team	Effective date:	01 March 2026
Policy owner:	Member Services Team	Review period:	3 years
Status:	Endorsed	Next review date:	December 2028
Policy number and version:	PO4, V4	Document location:	ACRRM Policy Register

Document History

Version	Date approved	Author	Description of revision	Internal distribution	
				Date	Recipient/s
4	01 March 2026	ACRRM Member Services Team	Review of Content and Revision to MOPS Requirements	March 2026	Member Services, Quality and Safety