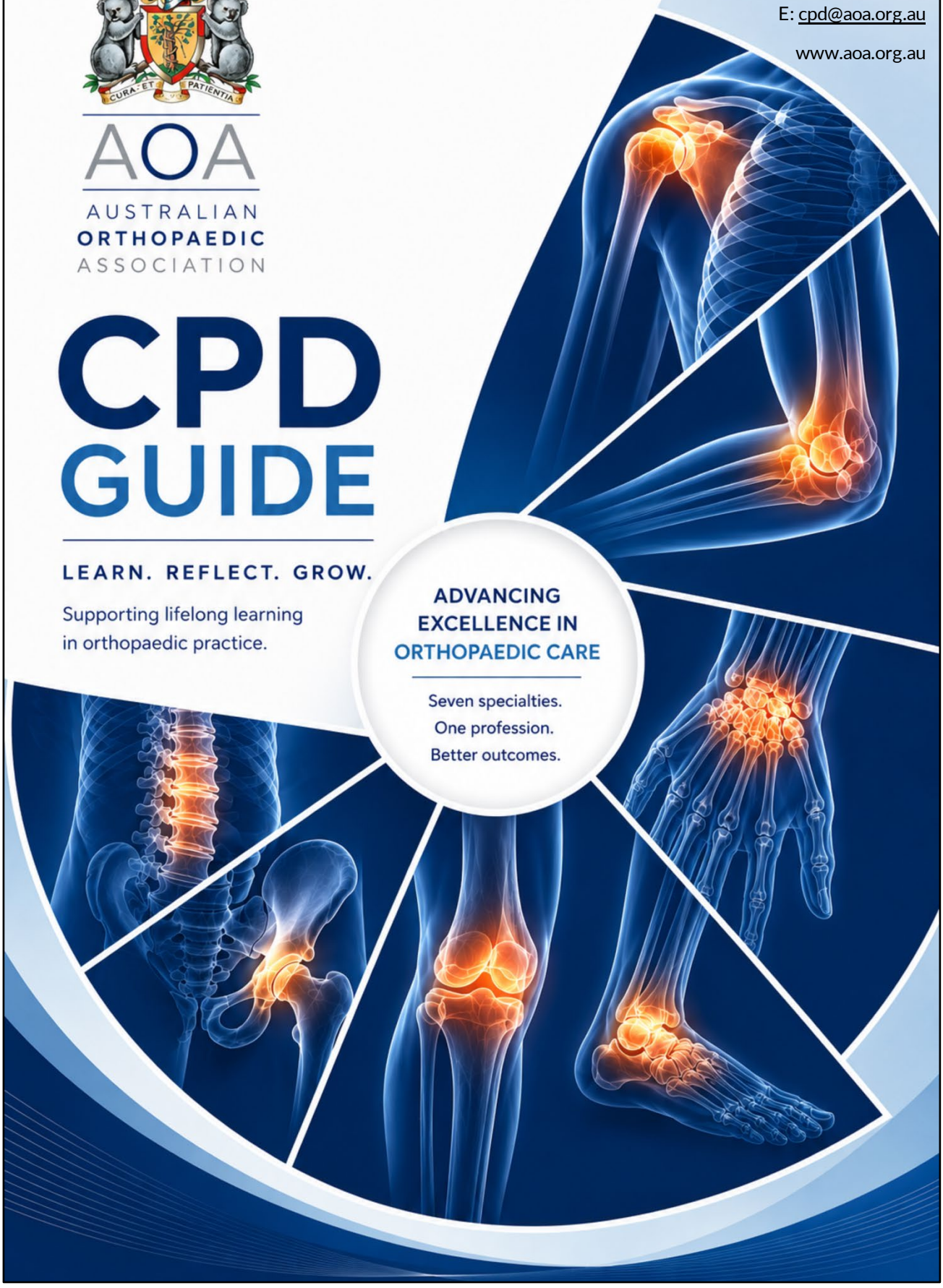
Australian Orthopaedic Association Limited
L 26, 201 Kent St Sydney, NSW 2000
T: CPD Team +61 2 80718029
E: cpd@aoa.org.au
www.aoa.org.au

AOA
AUSTRALIAN ORTHOPAEDIC ASSOCIATION

CPD GUIDE

LEARN. REFLECT. GROW.

Supporting lifelong learning in orthopaedic practice.



Last updated June 2026

Dear Members,

It is with pleasure that we present to you the *2026 Guide to Continuing Professional Development for Orthopaedic Surgeons* (CPD Handbook).

The Australian Medical Council and Medical Board of Australia set out the CPD regulatory standards for AOA members to adhere to. As the healthcare landscape continues to rapidly evolve, your CPD program is a critical tool for maintaining, enhancing and developing your skills and knowledge to ensure the highest standards of patient care.

The AOA is committed to providing members access to a high quality CPD program that offers design flexibility to accommodate learning needs and preferences. The CPD Online program platform provides a framework to guide members in meeting the CPD registration standard, including program and high-level specialist requirements.

This handbook has been developed to provide clear guidance on how to meet CPD Registration Standard requirements. It is designed to support you in planning, recording, and reflecting on your professional development throughout the year. Inside, you will find a diverse range of activities available within AOA's CPD program to support your obligations to review performance, measure outcomes and participate in educational activities.

We encourage you to use this handbook not only as a compliance resource, but as a companion to support the development of your professional practice and foster excellence in patient care.

Do not hesitate to contact our CPD team should you require any support or guidance.

Thank you for your commitment to lifelong learning and to upholding the standards that define our profession. We look forward to supporting your CPD journey.

Yours sincerely,

Mark Moroney
President
Australian Orthopaedic Association

David Gill
Chair of Professional Conduct and Standards
Australian Orthopaedic Association

Continuing Professional Development Committee

Name	Committee Role
David Gill	Chair, CPD Committee
Sheanna Maine	Scientific Secretary and Continuing Orthopaedic Chair
Mark Moroney	Member of the Presidential Line
Peter Moore	TAS Branch Executive Committee Representative
Katherine Gordiev	ACT Branch Executive Committee Representative
Andrew Wines	NSW Branch Executive Committee Representative
Sonja Schleimer	QLD Branch Executive Committee Representative
Janak Mehta	NT Branch Executive Committee Representative
Richard Clarnette	SA Branch Executive Committee Representative
Marinis Pirpiris	VIC Branch Executive Committee Representative
Dermot Collopy	WA Branch Executive Committee Representative
Drew Dixon	Non-Operating Surgeon Representative

For all CPD enquiries, please phone (02) 8071 8029 or email cpd@aoa.org.au

AOA Continuing Professional Development Team

Name	Position Title	Contact Details
Ally Keane	Chief Education and Training Officer	☎ (02) 8071 8000 ✉ ally.keane@aoa.org.au
Melinda Tippett	Manager, CPD, Learning Delivery and Policy	☎ (02) 8071 8072 ✉ melinda.tippett@aoa.org.au
Vicky Dominguez	Senior Education and Training Officer	☎ (02) 8071 8029 ✉ cpd@aoa.org.au
Kayleigh Gates	Education and Training Officer	☎ (02) 8071 8029 ✉ cpd@aoa.org.au

Governance and context of CPD

Purpose

CPD is a lifelong learning activity for all medically registered practitioners. The purpose of CPD is to ensure that medical specialists maintain, enhance and develop skills and knowledge to ensure the highest standards of patient care. CPD improves the standard of practice through a commitment to a continuum of learning in the specialist discipline.

Employers and regulatory authorities require proof of CPD participation and compliance.

Regulatory Requirements

Since 1 January 2023 continuing medical registration has been reliant on being CPD compliant. Australian Medical Council (AMC) standards state*: Registered medical practitioners who are engaged in any form of practice are required to participate regularly in CPD that is relevant to their scope of practice to maintain professional currency and support them to maintain, improve and broaden their knowledge, expertise and competence and develop the personal and professional qualities required throughout their professional lives.*

National law establishes possible consequences if you do not meet this standard, including that:

- the Board can impose a condition or conditions on your registration, or can refuse your application for registration or renewal of registration, if you don't meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but maybe behaviour for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for health professionals (section 41 of the National Law).

CPD Homes

CPD homes are organisations accredited by the Australian Medical Council to deliver quality assured CPD programs that enable doctors to meet the CPD registration standard. CPD homes provide a record management system so that doctors can track their progress towards meeting the CPD registration standard and store evidence of their CPD activities.

The AOA was granted AMC approval to commence operations as a CPD Home, effective from 19 March 2026. The commencement date is available on the AOA CPD webpage and members were notified by email in April.

For orthopaedic surgery in Australia, the CPD registration standard includes both program level requirements and specialist high-level requirements that may be met by completion of the AOA CPD program, or a program provided by an alternative accredited CPD Home that is appropriate for surgical specialists.

The AOA CPD program is purpose-built to support orthopaedic surgeons and offers design flexibility to accommodate learning needs and preferences. The CPD Online program platform provides a framework to guide orthopaedic surgeons in meeting the CPD registration standard, including high-level specialist requirements and program level requirements.

AOA CPD Committee

The AOA CPD Committee is responsible to the Australian Orthopaedic Association (AOA) Board of Directors for providing the policy and framework to ensure maintenance and development of knowledge, skills and performance so that members are equipped to deliver appropriate and safe medical health care over their working life.

The AOA CPD Program

The AOA CPD program must be completed on an annual basis (1 January-31 December) to coincide with your annual medical registration.

The AOA CPD program is based on the principles of adult education. It is self-directed, providing the flexibility for learning to be tailored to individual learning needs. The program reflects competences in the domains of:

- Communication
- Teamwork and Conflict Management
- Professionalism
- Leadership and Organisational Skills
- Advocacy
- Education and Research
- Medical and Surgical Expertise

This ensures that the skills, knowledge and attributes achieved through the AOA 21 training program in orthopaedic surgery can be maintained and built upon in the post-fellowship years.

Program Summary

It is intended that CPD is cyclical, with three clear steps that cover planning your learning, undertaking CPD activity and then reflection on the learning with a view to begin planning for the next cycle.

The three-step AOA CPD requirements are as follows:

Step 1 -Develop a Professional Development Learning Plan at the beginning of each year.

Step 2 -Complete 50 hours of CPD activities during the year. Activities should be relevant to your scope of practice and individual professional development needs.

The 50 hours must include:

a) A minimum of 25 hours **Reviewing Performance and Measuring Outcomes** (including a minimum of five hours in each of these two categories). This includes:
   i. Mandatory completion of all surgical case forms sent to a surgeon by the Australian and New Zealand Audits of Surgical Mortality (ANZASM) for operating surgeons
   ii. Review of individual National Joint Replacement Registry (AOANJRR) data (where relevant)

b) A minimum of 12.5 hours of Educational Activities

c) A minimum of one activity in each of the following categories (**"CAPE" activities**):
   i. Culturally Safe Practice
   ii. Addressing Health Inequities
   iii. Professionalism and
   iv. Ethical Practice

d) Your choice of activities to make up the remainder of the required hours

Step 3 -Reflection on the Professional Development Learning Plan to "close the loop" on your initial plan and in preparation for the next CPD year.

A list of activities that are recognised within the AOA CPD Program can be found in the following sections of the Handbook.

Annual records of CPD activities are due to be submitted to AOA by no later than January 31 of the following year.

To assist you in managing your CPD requirements, you will receive regular email communications throughout the year, including:

- A reminder if your Learning Plan has not been recorded by the end of March
- A CPD progress update during June
- A CPD progress update during September
- Notification of any outstanding CPD requirements in early December
- Notification of any outstanding CPD requirements in early January

We expect that CPD requirements may evolve over time. Any major changes to the CPD Program including program requirements, content/activities, processes and costs, will be communicated to participants at least six months in advance via eShot, eNews updates, presentations at ASMs and webinars.

Participation in CPD

Under the national law which governs the operations of the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (Ahpra), all practitioners with specialist medical registration must participate in a CPD program that is accredited by the AMC through a CPD Home and meet the CPD standards set by their college. The AOA CPD Program satisfies this requirement for AOA members.

"Registered medical practitioners who are engaged in any form of practice are required to participate regularly in CPD….."

"Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession."

Extract from MBA Registration Standard: Continuing Professional Development

All active AOA members must comply with the minimum annual CPD requirements. The CPD requirement is the same for all types of orthopaedic practice, operative, non-operative, or limited types of practice.

Fully retired members who no longer hold medical registration are not required to participate in CPD. Members who have retired from operative practice and continue to work in any other capacity must fulfil the requirements.

Members that are working in a full-time or part-time capacity are required to comply with the minimum annual CPD requirements of 50 hours per year. There is no reduction in CPD requirements for a part-time surgeon as the standard of practice is the same.

Members that are working overseas and who retain Australian medical registration are required to meet the Australian CPD registration standard. This can be achieved by participating in the AOA CPD program, or a program provided by an alternative accredited CPD Home that provides a program which is appropriate for surgical specialists.

Newly qualified orthopaedic surgeons will be invited to join AOA as a Fellow and enrol in the CPD program. New Fellows must participate in CPD in their first year of practice. This includes new Fellows who may be participating in a fellowship position as a consultant. If you complete the training program mid-year, you will have completed sufficient training activity to satisfy registration standards, however we recommend you be sure to complete any surgical case forms sent to you by the Australian and New Zealand Audits of Surgical Mortality (ANZASM) to ensure you meet the high-level specialist requirements.

Trainees participating in the AOA 21 Training Program will be deemed to have met the registration standard for CPD for medical registration purposes, as a result of their participation in the training program.

Trainees in the Transition to Practice stage of training will also participate in a targeted version of the AOA CPD program to meet their training program requirements.

Members holding medical registration other than specialist medical registration should contact the Medical Board to discuss their CPD requirements.

Members are asked to notify AOA if their circumstances change in relation to CPD by contacting the AOA CPD team at cpd@aoa.org.au

Continuing Professional Development Learning Plan

A CPD Learning Plan is a mandatory component of the AOA CPD program each year. A CPD Learning Plan is a written plan that outlines your learning goals or objectives, relevant to your current and intended scope of practice, and how you plan to achieve those objectives. The CPD Learning Plan includes a Reflection (Step 3 of the CPD requirements) that will be undertaken towards the end of the CPD year. The Reflection will facilitate consideration of whether the objectives laid out in the CPD Learning Plan have been achieved and how your learning has been impacted.

The CPD Portal provides a user friendly, interactive template which will step you through the process of creating a CPD Learning Plan. There are two elements to creating a CPD Learning Plan.

- First, you will outline your area/s of practice. The template provides a list of both Operative and Non-Operative Areas of Practice - you should include all options that reflect your scope of practice.
- Next, you should set your CPD learning objectives for the year. You must record at least one learning objective, however you can have multiple learning objectives, perhaps for different areas of your practice.

Your learning objective can be related to any competency area where you believe you would benefit from further learning or development, clinical or otherwise. You can assign a competency area from the drop-down menu. You will then be prompted to outline your plans for achieving your learning objective by listing activities you plan to undertake during the year to support your learning.

Please refer to the step-by-step guide on Developing a CPD Learning Plan located on the CPD resources web page.

Claiming CPD Activity

CPD activity may only be claimed in a calendar year in which it was undertaken. No hours can be carried over to the following year.

The CPD activities provided in this guide are intended as examples of learning opportunities available to orthopaedic surgeons and are not comprehensive. Members may undertake activities other than those listed and claim CPD hours accordingly. The AOA CPD team is available to provide guidance as needed. If there are activities you believe should be included, please forward your suggestions to cpd@aoa.org.au.

Regular or Recurring Activities

The CPD program allows for automatic recording of regular or recurring activities. This means that a member can enter an activity on its first occurrence and then set a recurrence for future incidents of that activity. For example, regular weekly clinical care review or monthly journal club meetings can be entered once and a recurrence set for the same activity each week, fortnight or month throughout the year rather than each occurrence needing to be itemised individually.

Recognised or Accredited Activities

Hours accrued for attendance at all AOA meetings are automatically uploaded to CPD Online.

AOA allocates CPD hours to scientific meetings and courses according to the topics covered by programs accredited by assessment.

The Accreditation of Educational Activities policy specifies the process by which third-party organisations can apply to have educational activities formally accredited by the AOA. Accreditation

is a process by which AOA assesses the educational quality and relevance of courses, meetings, workshops and other educational activities against a set of defined criteria.

By recognising meetings and courses for CPD hours, AOA does not guarantee the quality of educational content for these events. Accreditation of activities is encouraged, but not mandatory.

Framework for Assessing and Recognising Activities

Whilst AOA provides and formally recognises a variety of CPD Activities, the AOA CPD Program is self-directed, and members are free to select and complete CPD activities provided by other organisations.

While external activities do not require AOA endorsement to be eligible for use in the CPD program, AOA provides this Framework for members to assess the value, relevance and acceptability of CPD activities. Members may utilise this framework to undertake a self-assessment of external activities.

The Framework seeks to make clear to members which CPD activities will be accepted prior to the activity being undertaken. The CPD Team will also utilise this Framework when reviewing activities a member has claimed as part of the Random Audit of CPD to ensure accountability and effectiveness of individual learning.

The objectives of this Framework are to:

- Establish a system for member self-assessment of activities that contribute to learning outcomes in line with program level requirements
- Promote ongoing learning, self-development and reflective practice of orthopaedic surgery
- Ensure that CPD activities align with the professional development goals and learning needs of participants in the AOA CPD Program
- Assist AOA members in finding and selecting appropriate activities for ongoing learning and professional development
- Maintain the quality and relevance of CPD activities
- Guide AOA staff when providing help and support to members embarking on, recording or submitting CPD activities or undertaking a random audit assessment
- Comply with AMC requirements.

Assessment of CPD Activities

In making a self-assessment of the value, relevance and acceptability of CPD activities, assessment questions may include, but are not limited to:

- Does the activity meet my learning needs (as documented in my Professional Development Learning Plan)?
- Is the activity relevant to my current or intended scope of practice?
- Does the activity fall within at least one of the program level requirement activity types (i.e. Reviewing Performance, Measuring Outcomes or Educational Activities)?
- Does the activity fall within at least one of the CAPE Activity categories (i.e. culturally safe practice, Addressing Health Inequities, Professionalism, Ethical Practice)
- Can I reasonably expect the activity to contribute to improved patient outcomes?
- Are activities involving research using peer-reviewed resources?
- If the CPD activity is and Educational Activity:
    - Was the **course content** developed by appropriately qualified subject matter experts or is the learning activity provided by a professional educational body?
    - Are there **defined learning objectives** and outcomes that are relevant to the orthopaedic scope of practice and based on sound educational and clinical principles?
    - Are **facilitators appropriately qualified** and equipped to deliver the content?
    - Have any **conflicts of interest** been declared and appropriately managed?
    - **Does course content and structure contravene any AOA policies**, including the Code of Conduct (including the AOA Position Statement on Interaction with Medical Industry 2020) and Ethical Framework?
    - Does the activity provide at least one hour of **educational value**?
    - Are any **assessments linked to the learning objectives** and outcomes?
- Is any **funding or sponsorship associated with the event disclosed**, including financial or other inducements offered to participants.

- Do **industry activities comply** with the AOA Position Statement on Interaction with Medical Industry 2020).
- Are participants provided with **evidence of completion**?

Please note that not all the questions listed need to be answered for every activity in order to assess the value, relevance and/or acceptability of the activity.

A self-assessment checklist is provided to facilitate ease of assessment for members.

Further information on the assessment framework is available here.

CPD Program Online Portal

AOA provides an online CPD portal for recording all 3 steps of CPD including a digital CPD Learning Plan, recording of CPD activities and a reflection tool to "close the loop" on your CPD learning at the end of the year.

The CPD portal is available both on a website for desktop computer access and via an App for mobile phone and tablet access.

The CPD portal provides real-time summaries so that members can easily monitor their progress towards compliance. For more information on CPD Online, please see the How to Use the CPD program Online Portal guide, located on the CPD resources web page.

Confirmation of Participation and Compliance

Once compliance is achieved, members can download and print a Certificate of Compliance via the CPD Portal. Copies of compliance certificates can also be requested from the AOA CPD team.

If you are encountering difficulties in achieving compliance, please reach out to the AOA CPD Team for help on cpd@aoa.org.au

The CPD Team will monitor progress towards compliance throughout the year. Where a member is deemed to be at risk of non-compliance, a member of the CPD Team (or Committee where appropriate) will contact the member. A member may be deemed to be at risk of non-compliance in the following circumstances:

- A Professional Development Learning Plan hasn't been created by April
- No CPD activity has been recorded by 30 June
- Less than 50% of CPD Hours have been accrued by 30 September
- Notification of poor performance from an employer, peer, or regulator (refer to Remediation section for more information)
- Member requests retraining or remediation support or signals difficulty (refer to Remediation section for more information)

AOA will report compliance of AOA CPD Home program participants to the MBA in accordance with their stipulated timelines as requested by the CPD Registration Standard.

AOA members who have joined an alternative CPD Home and who are participating in the AOA CPD Program, can ask the CPD Team to share their CPD compliance data with their CPD Home by contacting the CPD Team on cpd@aoa.org.au

Non-compliance

Members who do not meet the requirements of the CPD program despite follow up, or who do not successfully verify their CPD activity when selected for audit, will be considered non-compliant.

Non-compliance in CPD is a breach of the AOA Code of Conduct. Every effort will be made to advise and support members in meeting CPD reporting requirements, however persistent non- participation or non-compliance may result in loss of AOA membership.

Audit and Verification

As a means of meeting AMC accreditation obligations, AOA conducts an annual random audit of the CPD program. AOA will randomly select 5% of members annually for verification of CPD activity.

Members selected will be notified in writing by no later than April of each year and asked to verify their CPD activity. Verification is completed by providing supporting documentation to match the information supplied through the CPD Portal.

Members are strongly encouraged to upload evidence of their CPD activities on the CPD Portal at the time the activity is logged.

The Audit process will review the selected members CPD record and consider the following questions:

Did the audited member

- Complete a Learning Plan?
- Claim the minimum number of hours of activity in Reviewing Performance and Measuring Outcomes?
- Demonstrate compliance with ANZASM and AOANJRR data review (as appropriate for their scope of practice)?
- Claim the minimum number of hours of activity in Educational Activities?
- Correctly verified their CPD claim?
- Correctly recorded their CPD activities?
- Complete a Reflection?
- Meet the minimum CPD Requirements?

Were the activities claimed valuable, relevant and acceptable (as per the Framework for assessing and recognising CPD Activities)?

At the conclusion of the audit those randomly selected will receive personal feedback on their CPD activity and a copy of the audit report. All data is deidentified for the purposes of CPD audit reporting.

It is recommended that participants retain their CPD documentation for a minimum of three (3) years. If a member is selected for audit by AHPRA, they may contact the AOA CPD team for assistance in meeting the requirements of the audit on cpd@aoa.org.au

Guidance and Support

Special Consideration

Under extenuating circumstances, members who are unable to meet the CPD requirements may be granted an exemption for a given CPD year. An exemption, if granted, does not automatically carry over to the next CPD period.

Extenuating circumstances which may warrant special consideration include:

- Serious illness
- Parental leave
- Leave of absence from professional duties
- Cultural responsibilities
- Personal circumstances

The following reasons do not constitute grounds for an exemption from CPD:

- Fellows residing overseas who retain Australian medical registration. In this case, Fellows are required to meet the Australian CPD Registration Standard by participating in the AOA CPD program, or a program provided by an alternative accredited CPD Home that provides a program which is appropriate for surgical specialists.
- Fellows undertaking sub-specialty training or post-Fellowship training (PFET)
- Fellows who are retired but maintain registration where there is a regulatory requirement to participate in CPD

Members may be granted either a total exemption from the full annual CPD requirements, or a partial exemption (either exemption from a specific category or activity, or pro rata requirements depending on circumstances).

Participants wishing to apply for special consideration must have joined a CPD Home, be registered for a CPD program, and then seek an exemption from their CPD Home.

To apply to AOA for special consideration, you must request an exemption by completing an application form within the Learning Plan in CPD Online. Your application will be assessed and outcome advised according to the CPD Special Consideration Process.

Recency of Practice

According to the *MBA Registration Standards: Recency of Practice* all medical practitioners must meet minimum requirements for recency of practice for medical registration. Further information is available on the MBA Website here.

It is important to note that practice overseas is accepted as evidence for recency of practice provided it is within the same scope of practice.

Returning to Practice

Extended leave from practice may impact a participant's ability to meet 'Recency of Practice' standards. The MBA has policies and regulations governing the return to practice after a period of absence.

After an absence from practice of greater than a year, members are encouraged to refer to the MBA's 'Registration Standard: Recency of Practice' for more information, as the requirements vary based on the reason for leave and duration of absence.

If you have less than two years clinical experience as a registered medical practitioner and are returning to practice and have not practised for more than 12 months, the MBA requires that you commence work under supervision in a training position approved by the MBA.

If you have two or more years clinical experience as a registered medical practitioner and are returning to practice:

- **After not having practiced for greater than 12 months and up to and including 36 months**
  At a minimum, before re-commencing practice, you must complete the equivalent of one year's continuing professional development (CPD) activities, relevant to your intended scope of practice. The CPD activities must be designed to maintain and update your knowledge and clinical judgment. For return to practice arrangements, practitioners returning to practice can complete 50 hours of CPD educational activities to be considered to have met the standard (activities designed to review performance or measure outcomes are not required).
  Members may contact AOA for assistance in developing a return to practice CPD Learning Plan on the details below.

- **After not having practised for more than 36 months**
  You are required to provide a plan for professional development and re-entry to practice to the MBA for consideration and approval. The plan for professional development and re-entry to practice will be different for each practitioner and should be tailored to your particular circumstances and your individual learning needs.

The re-entry to practice plan should be developed in consultation with the employer and a suitably qualified supervisor and should address the participant's learning needs based on their prior education, experience, and training, and consider the requirements of the proposed position. It should include:

- Terms of agreement between the supervisor and practitioner.
- Scope of practice (previous and intended).
- Gaps in knowledge or skills and necessary training or education to address these.
- Goals, expected outcomes, and timeframes for achieving them.
- Supervision, mentoring, or peer review requirements for a safe return to practice.
- Orientation to the employer's workplace.
- Regular formal feedback and performance reviews (to be documented and signed by the supervisor and practitioner).
- Anticipated completion date for the plan.
- Contingency measures if goals are not achieved within the stated timeframe.
- A written job offer on the organisation's letterhead, signed and dated, detailing the field of practice, position description, and employment type.

To assist practitioners, the MBA has published a re-entry plan template which can be adapted to suit individual needs.

Where the re-entry to clinical practice requirements necessitates completion of CPD activities within the intended scope of practice, AOA can assist members in developing an appropriate return to practice plan and identifying relevant CPD activities. Please contact AOA on the details below.

Further Training or Change in Scope of Practice

It is a professional responsibility for medical practitioners to work within their limits of competence. Participants who are changing their field or scope practice may be required to undergo additional training to ensure they are competent in the new field or scope of practice. If you are considering:

- Narrowing your scope
  There are no additional requirements if the change is a subset of current practice.
- Extending your scope
  Training is required, if peers would reasonably expect it, before practicing in the new area.
- Changing your field
  Consultation with the relevant AMC accredited training body within the proposed field of practice is required for advice on the appropriate process and assistance with developing a professional development plan. Any plan developed will need to be submitted to the MBA for approval.

Where the change in scope relates to orthopaedic surgery, AOA can assist members in developing an appropriate plan and identifying relevant CPD and training activities. Please contact AOA on the details below.

Remediation

Members who have self-identified and/or have been identified by an employer or regulatory authority as performing poorly can make a formal request to AOA for assistance in identifying appropriate remediation.

These requests will be considered by the Chair, Continuing Professional Development to determine the most appropriate person, group or process to provide remediation support, considering the participant's circumstances and the nature of the remediation required.

This support will vary depending on the individual circumstances but may include:

- Identifying CPD and/or training activities that support the remediation of the participant.
- Allocation of a mentor and/or supervisor with relevant clinical and/or medical education expertise to support remediation of the member, or
- Where a more structured review of a surgeon's performance may be needed, a peer assessment will be undertaken and a retraining/remediation plan developed. The member, assessors, supervisor, and employer will all be involved in this process, along with the regulator (where appropriate). The plan will include:
  - Gaps in knowledge or skills and necessary training or education to address these.
  - Goals, expected outcomes, and timeframes for achieving them.

- Supervision, mentoring, or peer review requirements for safe practice.
- Schedule of formal feedback and performance reviews (to be documented and signed by the supervisor and practitioner).
- Anticipated completion date for the plan.

Please contact AOA on the details below. All requests, decisions, recommended activities and/or remediation plans will be documented for governance and audit purposes.

In addition to seeking support from AOA, members are encouraged to contact Ahpra to verify any requirements as the onus for determining clinical competency/practice of participants, particularly those who have identified or been identified as poorly performing in a particular area, lies with the participant, their employers and the regulator.

If it is determined by an employer that underperformance is still a concern, the participant may be referred to the appropriate regulatory authority.

Member Support

For further information on the AOA CPD program, including CPD updates, please visit the AOA website.

The AOA will provide support to members across all aspects of the CPD Program. Members are encouraged to contact the CPD Team for any of the following areas:

- Guidance regarding the Registration Standard for CPD
- Support in navigating the CPD Portal or program requirements
- Advice on developing a CPD Learning Plan, selecting and recording CPD Activities and/or completing a CPD Reflection
- Advice on completing CAPE requirements – Members seeking advice to support Culturally Safe Practice and/or Reducing Health Inequities, will be referred to the Aboriginal and Torres Strait Islander Peoples' Executive Manager for tailored guidance.
- Advice on compliance with mandatory Specialist High Level Requirements or Program Level Requirements
- Special consideration or exemption
- Re-entry to practice, retraining or changes in scope of practice
- Remediation of underperformance

If you require further guidance, support or assistance on one of these areas or any other aspects of the CPD program, please contact the AOA CPD team:

Phone: +61 2 8071 8029

Email: cpd@aoa.org.au

The CPD Team is available to assist Monday to Friday, and at other times by arrangement.

If required, CPD staff will escalate queries to the CPD Chair, or the most appropriate other person or group, with consideration for the members individual circumstances and the nature of the assistance required. This process will be supportive and confidential, focused on understanding barriers and identifying appropriate solutions.

When escalating queries or requests for support, consideration will be given to the relevant clinical and/or medical education expertise required. All requests and outcomes will be documented (date, summary of discussion, follow-up actions) for governance, audit and quality assurance purposes.

Reconsideration, Review and Appeal of CPD Decisions

Members who wish to contest a CPD Decision may do so in accordance with the AOA Reconsideration, Review and Appeal policy.

This can include, but is not limited to decisions regarding:

- An assessment of non-compliance with the requirements of the CPD Program;
- The outcome of an audit process conducted by AOA as part of the CPD Program; and
- The outcome of an application for accreditation of an external CPD activity.

The Reconsideration, Review and Appeal process ensures that decisions are subject to appropriate scrutiny, that procedural fairness is upheld, and that members have an opportunity to present relevant additional information or evidence to support their case.

AOA CPD Program Requirements

The AOA CPD Program is comprised of minimum requirements set by the MBA, program level requirements set by the AOA, and specialist high-level requirements set for the surgical specialty and approved by the MBA. Participants undertaking the AOA CPD program must meet all relevant requirements to achieve CPD compliance.

1. Medical Board of Australia Requirements

- The CPD program cycle is January to December of each year
- A minimum of 50 hours of CPD activity must be undertaken and recorded per year
- An annual professional development plan must be developed and reviewed by the program participant.

Three types of CPD activities are required by the Medical Board each year:

1. Activities that Review Performance
2. Activities that Measure Outcomes
3. Educational Activities

Activities corresponding to each category are outlined in the tables on the following pages.

1.1 Review Performance

*Members must accrue a minimum of 5 hours of CPD activity in the activity category of **Review Performance** each year and a minimum of 25 hours across Review Performance and Measure Outcomes combined* *Activities in this category include:*		
Activity	**Description**	**Verification**
Self-appraisal	Self-appraisal of one's own strengths and weaknesses	Self-appraisal form or statutory declaration
Personal Development	Mindfulness, well-being and self-care activities	Evidence of completion
Personal Audit Analysis	Analysis of personal audit data (e.g. actively reflecting on personal audit data to promote changes in practice)	Audit Report
Multi-source Feedback (360-degree survey) of Self	Undertaking a Multi-source Feedback (360-degree survey) of yourself, reflecting on feedback received with a view to changing behaviour of improving practice. The purpose of an MSF is to encourage reflection and improvement by asking colleagues and patients to identify areas of strength and weakness in a surgeon's practice. The feedback collection process is managed	MSF Report, statutory declaration or completion of reflective tool. If an AOA MSF, internal verification. *An AOA MSF is available, please contact* cpd@aoa.org.au

	by AOA staff so that ratings and comments can be deidentified.	
Patient Experience Survey	Undertaking a Patient Experience Survey (PES) to collect feedback from patients, reflecting on feedback received with a view to changing behaviour or improving practice	PES Report, statutory declaration or completion of reflective tool. If an AOA PES, internal verification. *An AOA PES is available, please contact cpd@aoa.org.au*
Peer Review of Own Practice	Having a peer formally review your practice (may be a clinical or legal practice), reflecting on feedback received with a view to changing behaviour or improving practice	Review Report, statutory declaration of completion of a reflective tool
Surgical Audit with Peer Review	Surgical Audit results which are presented and discussed in an open and supportive peer-group environment where feedback is provided. Discussion should be considered and lead to meaningful reflection on how practice can be improved	Completed Peer Review Verification *The peer review verification must be completed by a colleague, who can confirm the Peer Review element of the Surgical Audit. For departmental audits, the verification peer must be the Chair of the audit committee or official delegate.*
Audit Analysis	Analysis of collegial audit data (e.g. receiving feedback on personal audit data with a view to making changes in practice, providing constructive feedback on a colleague's audit data, acting as a reviewer for the AOANJRR or for an Audit of Surgical Mortality).	Statutory declaration of audit analysis, audit report
Multi-source Feedback (360-degree survey) of Colleagues	Acting as an assessor on a Multi-source Feedback (360-degree survey) for a colleague	Statutory declaration, copy of deidentified form. If an AOA MSF, internal verification
Peer Review of a Colleagues Practice	Undertaking peer review of a colleagues practice (may be clinical or legal practice). To complete a peer review of legal practice, a surgeon must collect 2-4 medico-legal reports that they have previously completed and sit down with a colleague to discuss the reports. The colleague should provide constructive feedback on the reports, including areas of strength and weakness	Copy of completed reflective tool, statutory declaration of completion of reflective tool
Mentoring and Visits	Interaction with colleagues, other medical staff, and visits to other institutions (e.g. Operating with a peer, visits to other institutions with a focus on medical or clinical services, including formal clinical review visits)	Statutory declaration, written confirmation from relevant institution
Patient Care	Activities that directly focus on patient well-being, particularly departmental, clinical, or collegial meetings to present and discuss patient care,	Attendance sheet or minutes from meetings, written confirmation from relevant institution, statutory declaration

	including imaging (e.g. regular departmental meetings, collegial meetings, medical services survey or review)	including a list of meetings attended, diary record
Orthopaedic Governance	Meetings to discuss administrative or governance matters, particularly in relation to orthopaedics. Acting on behalf of the profession through involvement in the AOA (e.g. discussion regarding how to better manage the orthopaedic department, management of theatre put-through or waiting lists, acting as an AOA hospital inspector, AOANJRR governance roles, Quality Assurance Committee)	Attendance sheet or minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record. AOA activities will be internally verified
Medico Legal Governance	E.g. peer review of Medico legal reports, member of advisory panels for third parties	Statutory declaration, written confirmation from relevant institution
Performance assessment for a third party	E.g. Structured clinical performance assessment – face to face or on paper	Statutory declaration, written confirmation from relevant institution

1.2 Measure Outcomes

Members must accrue a minimum of 5 hours of CPD activity in the activity category of ***Measure Outcomes*** *each year and a minimum of 25 hours across Review Performance and Measure Outcomes combined*

Activities in this category include:

Activity	Description	Verification
Personal Audit of Outcomes	An audit of some or all of the member's usual practice (e.g. Total Practice Audit – covering all operations performed, evaluation of morbidity and mortality in surgical practice, personal audit of outcomes for a particular procedure, audit of AOANJRR data	Statutory declaration of audit analysis, audit report
National Joint Replacement Registry Opt-In & Review ***Program Level Activity (where relevant)***	Opt-in (have their data identifiable solely for their own analysis) to the AOA's National Joint Replacement Registry (AOANJRR) and review their data	Written confirmation of participation in the AOANJRR
Clinical Registry Audit	Annual review of surgeon data via AOANJRR/PROMs/NO registry/other registries	Written confirmation of participation by the registry
Medico Legal Audit	Medico legal report audit or report review	Statutory declaration of audit analysis, audit report, written confirmation of role as Reviewer
Root Cause Analysis	Systems review of own case	Statutory declaration of analysis, analysis report
Incident Reporting	Analysis of incident reports/Riskman data	Written confirmation of role
Quality Improvement Project	Patient surveys, review of change of practice	Project Report
Departmental Audit	An audit of some of all other member's usual practice (e.g.	Statutory declaration of audit analysis, audit report

	Departmental Audit – such as an audit of patient waiting times)	
Multidisciplinary Root Cause Analysis	Systems review as a member of a multidisciplinary panel	Written confirmation of role
Multidisciplinary Quality Improvement Project	Multidisciplinary patient surveys and review of changes to practice	Written confirmation of role, project report
Multidisciplinary Incident Reporting	Multidisciplinary analysis of incident reports/Riskman data	Written confirmation of role, project report
Australian and New Zealand Audit of Surgical Mortality (ANZASM) ***Specialist High-Level activity for operating surgeons***	Completion of all surgical case forms sent to a surgeon by ANZASM (e.g. Regional Audits of Surgical Mortality (ACTASM, CHASM (or equivalent), NTASM, QASM, TASM, VASM, SAASM, WAASM)	Completed declaration *AOA will seek verification from ANZASM that all CPD participants are appropriately participating in ANZASM. If a member has not met requirements of ANZASM at the time of AOA seeking verification, a certification of completion from ANZASM may be required to confirm verification. For members in NSW participating in CHASM, a certificate of completion must be provided as verification*
Medical Assessment Activities	E.g. Medical Assessment Committee, Tribunals, WorkSafe	Written confirmation of role
Case based meetings	E.g. M&M meetings, case conferences, MDT meetings	Attendance sheet of minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record
Clinical Governance	E.g. Hospital governance committee, writing protocols for hospital, leading, analysing, writing reports on healthcare outcomes, assessing incident reports,	Attendance sheet of minutes from meetings, written confirmation from the relevant institution, statutory declaration including a list of meetings attended, diary record

1.3 Educational Activities

Members must accrue a minimum of 12.5 hours of CPD activity in the activity category of Educational Activities each year Activities in this category include:		
Activity	**Description**	**Verification**
Journal Reading	Reading articles in peer-reviewed journals independently (e.g. The Journal of Bone and Joint Surgery/Australia and New Zealand Journal of Surgery/Specialty Journals, other medical journals)	Written confirmation of subscription, statutory declaration of journals read, diary record
eLearning	Use of eLearning materials provided by AOA, RACS or equivalent international groups (e.g. Learning materials available via the AOA eLearning platform, AOA ASM e-proceedings, Respectful Behaviour in Orthopaedics*, RACS Operating with Respect online module). Use of	Statutory declaration, written confirmation from the relevant institution, web-based certificate

	eLearning materials provided by any other group, including industry (e.g. Learning materials available via general medica eLearning websites, Industry eLearning material) **please contact cpd@aoa.org.au to obtain access to this course*	
Self-Directed Learning	Self-directed and self-initiated individual learning activities (e.g. studying textbooks, audio or video learning)	Study plan or report, statutory declaration
Further Education and Study	Formal post-graduate study, leading to a qualification that relates to the participant's orthopaedic practice (e.g. Full-time or part-time degree programs (e.g. Master of Surgery), Full-time or part-time diploma programs	Educational transcript from relevant institution
Impairment Assessment Training	Attendance at approved impairment assessment training	Certificate of attendance, confirmation of attendance from the relevant institution
Scientific Meetings	National and international scientific meetings (e.g. AOA Annual Scientific Meeting, RACS Annual Scientific Congress, AOA national subspecialty society meetings, equivalent international orthopaedic/surgical meetings). State, regional and industry scientific meetings (e.g. arthroplasty/ arthroscopy workshops, industry instructional courses, surgical specialty meetings, AOA branch meetings). Scientific meetings, workshops and seminars are an effective learning opportunity directed at maintaining and enhancing knowledge and skills, keeping abreast of developments in clinical and medical science and networking with colleagues. AOA strongly recommends participants attend a national scientific meeting on an annual basis	Certificates of attendance, confirmation of attendance from the relevant institution. AOA activities will be internally verified.
Journal Club	Reading articles in peer reviewed journals as part of a journal club EG regular journal club meetings	Statutory declaration of journals read/meetings attended, journal club attendant sheet, diary record
Small Group Learning	Small group learning activities (e.g. local hospital teaching sessions) small group learning	Statutory declaration of meetings attended, attendance sheet, diary record
Professional Workshops	Attendance at workshops with a focus on professional (rather than clinical or technical) skills (e.g. communication skills workshop, Train the trainer workshops, Leadership workshops, Cultural Safety workshops)	Written confirmation from organising body, certificates of attendance

Scientific Research	Participation in scientific research project (e.g. writing grant applications, ethic committee submissions, research proposals, conducting a literature review, analysing or writing up data)	Written confirmation from relevant institution, research project plan
Research Review Activities	Reviewing grant or ethics proposals, editing or reviewing research or educational material	Written confirmation from relevant institution
Presentations	Presentation at scientific meetings (e.g. plenary speaker, paper presentation, invited lecturer, convening/ chairing sessions or meetings)	Program, abstract in abstract book written, confirmation from relevant institution
Publications	Publication in peer-reviewed orthopaedic journals and textbooks (e.g. first author of a journal article in the Journal of Bone and Joint Surgery, second author of an orthopaedic textbook chapter)	Written confirmation from relevant institution, electronic citation
Reviewer of articles in Peer-Reviewed Journals	Time spent reviewing articles and content for peer- reviewed medical journals (e.g. peer reviewer for the Journal of Bone and Joint Surgery, peer reviewer for the Medical Journal of Australia)	Written confirmation from relevant institution
Patient Education Material Development	Preparing patient education materials	Statutory declaration, written confirmation from relevant institution
Working with a Coach or Mentor	Interaction with colleagues, other medical staff, and visits to other institutions (e.g. mentoring of junior doctors, trainees, Fellows or a peer, operating with a peer, visits to other institutions with a focus on medical or clinical services, including formal clinical review visits)	Statutory declaration, written confirmation from relevant institution
AOA Governance	Acting on behalf of the profession through involvement in the AOA (e.g. serving on an AOA Board, Committee, or Working Party)	AOA activities will be internally verified
Teaching and Examination	Teaching and examination at any level, from undergraduate to fellowship – includes direct teaching but also preparation of education/learning materials (e.g. regular teaching activities including Bone School, tutorials, lectures etc), development of educational materials, guest/invited teaching activities, examining (including setting and marking of papers), teaching at university, teaching undergraduates, running workshops for GPs/nurses/physios, teaching medico legal report writing	Teaching scheduled, written confirmation from the relevant institution AOA activities will be internally verified

Supervision	Supervision of orthopaedic trainees, International Medical Graduates or Fellows at the participant's institution (e.g. Director of Training duties, direct supervision of trainees (i.e. Trainee supervisor), completing AOA workplace-based assessments, nominated supervisor for a Specialist International Medical Graduate, supervisor for a Fellowship position, overseeing the operations of a colleague)	Statutory declaration, written confirmation from relevant institution
Community Orthopaedic Services	Contact hours spent in professional development while undertaking voluntary community services activities (E.g. Orthopaedic Outreach and similar activities, Australian Military Service, Other humanitarian work.)	Statutory declaration, written confirmation from relevant institution.

2. AOA Program Level Requirements

2.1 CAPE Activities

Aligning with the Good Medical Practice Guide, members must complete a minimum of one activity in each of the following categories ("CAPE" activities):

i) **C**ulturally Safe Practice

ii) **A**ddressing Health Inequities

iii) **P**rofessionalism

iv) **E**thical Practice

Examples of activities which may be allocated to CAPE, in alignment with the Good Medical Practice Guide, are available in the Framework for Assessing and Recognising CPD Activities resource.

CAPE activities may correspond to any of the three CPD activity types listed above, depending on the nature of the activity. One activity may correspond to multiple CAPE categories.

CAPE activities are embedded within the 50-hour CPD requirement – not additional to it.
Further information is available in the CAPE Guide on the CPD resources webpage.
Examples are outlined below.

CAPE Category	Type of Activity	Example
Culturally Safe Practice	Educational Activities	Attending NAIDOC week event
Culturally Safe Practice	Educational Activities	Attending webinars
Culturally Safe Practice	Educational Activities	Completing a hospital based Cultural Safety workshop
Culturally Safe Practice	Review Performance	Completing an unconscious bias self-assessment
Culturally Safe Practice	Educational Activities	Completion of the AIDA Introduction to Cultural Safety Module
Culturally Safe Practice	Measure Outcomes	Conducting an audit of patient outcomes
Culturally Safe Practice	Review Performance	Participating in a cultural inclusion committee

Culturally Safe Practice	Measure Outcomes	Participation in a patient care protocol development
Culturally Safe Practice	Educational Activities	Reading articles
Culturally Safe Practice	Review Performance	Seeking or providing Peer Review of Practice
Culturally Safe Practice*	Review Performance	Completing a patient experience survey *(*also addressing Health Inequities)*
Addressing Health Inequities	Review Performance	Analyse personal audit data with consideration of disparity factors
Addressing Health Inequities	Educational Activities	Development of patient education material
Addressing Health Inequities	Measure Outcomes	Health outcomes reporting
Addressing Health Inequities	Educational Activities	Mentoring an unaccredited registrar or junior doctor from an underrepresented group
Addressing Health Inequities	Educational Activities	Participate in a research project
Addressing Health Inequities	Review Performance	Participation on a workforce committee
Addressing Health Inequities	Measure Outcomes	Quality improvement project focused on access to care
Addressing Health Inequities	Educational Activities	Rural health eLearning activity
Addressing Health Inequities*	Review Performance	Completing a patient experience survey *(*also Culturally Safe Practice)*
Professionalism	Educational Activities	Attendance at workshops with a focus on Professional Skills
Professionalism	Review Performance	Completing a self-appraisal of one's own strengths and weaknesses
Professionalism	Measure Outcomes	Completion of ANZASM surgical case forms
Professionalism	Review Performance	Establishing a mindfulness, wellbeing or self-care routine to optimise performance
Professionalism	Review Performance	Operate with a peer for feedback and learning purposes
Professionalism	Measure Outcomes	Participating in M&M Meetings
Professionalism	Educational Activities	Participation in Orthopaedic Outreach
Professionalism	Review Performance	Review and reflect on own performance against the Good Medical Practice Guide
Professionalism	Educational Activities	Teaching or examining AOA trainees
Professionalism*	Educational Activities	Attendance or presentation at an AOA ASM *(*also Ethical Practice)*
Ethical Practice	Review Performance	Acting as an AOA hospital inspector
Ethical Practice	Review Performance	Completing a multi-source feedback reflecting on feedback received with a view to changing behaviour or improving performance
Ethical Practice	Educational Activities	Further education and study
Ethical Practice	Measure Outcomes	Hospital Risk Management Activities
Ethical Practice	Educational Activities	Journal reading to maintain currency of knowledge
Ethical Practice	Educational Activities	Listening to podcasts on a related topic
Ethical Practice	Measure Outcomes	Medical Assessment Activities
Ethical Practice	Review Performance	Participating in departmental meetings focusing on patient care
Ethical Practice	Review Performance	Review and reflect on own performance against the AOA Ethical Framework and/or Code of Conduct
Ethical Practice	Measure Outcomes	Review of AOANJRR Data

Ethical Practice	Educational Activities	Serving on an AOA Committee
Ethical Practice*	Educational Activities	Attendance or presentation at an AOA ASM *(*also Professionalism)*

2.2 Review of Individual National Joint Replacement Registry (AOANJRR) data

AOA program participants who have opted in to the AOA's National Joint Replacement Registry (that is, have their data identifiable solely for their own analysis) are required to review their AOANJRR data annually, at a minimum. Review of individual AOANJRR data is categorised as an activity that measures outcomes. This program level requirement is embedded within the 50-hour CPD requirement – not additional to it.

Activity	Description	Verification
National Joint Replacement Registry Opt-In & Review ***Mandatory Activity (where relevant)***	Opt-in to the AOA's National Registry (AOANJRR) and review their data (member has their data identifiable solely for their own analysis)	Written confirmation of participation in the AOANJRR

3. Specialist High-Level requirements

3.1 Australian and New Zealand Audit of Surgical Mortality (ANZASM)

RACS has stipulated that as a mandatory element of CPD, all operating surgeons must complete all surgical case forms sent to a surgeon by the Australian and New Zealand Audit of Surgical Mortality (ANZASM). This activity is categorised as one which measures outcomes. This specialist high-level requirement is embedded within the 50-hour CPD requirement – not additional to it.

Activity	Description	Verification
Australia and New Zealand Audit of Surgical Mortality (ANZASM) ***Mandatory Activity for Operating Surgeons***	Completion of all surgical case forms sent to a surgeon by ANZASM (e.g. Regional Audits of Surgical Mortality (ACTASM, CHASM (or equivalent), NTASM, QASM,TASM,VASM, SAASM, WAASM)	Completed declaration - AOA will seek verification from ANZASM that all CPD participants are appropriately participating in ANZASM. If a member has not met requirements of ANZASM at the time of AOA seeking verification, a certification of completion from ANZASM may be required to confirm verification. For members in NSW participating in CHASM, a certificate of completion must be provided as verification

Participants will be asked to declare their compliance with their ANZASM obligations in the Reflection component of their CPD.

The CPD Team will also receive reports from the ANZASM office of any outstanding ANZASM case forms and assist with reminding AOA members to complete this important activity.

All CPD activity needs to be logged either on the CPD Program Online Portal or via the CPD App. For more information, please see the *Logging CPD Activities* guide, located on the CPD resources webpage.