



COSMETIC PHYSICIANS
COLLEGE
OF AUSTRALASIA

Policy - CPD Records Audit

Policy Domain:	
Policy Area:	
Policy Author:	
Contact:	
Version:	
Approval Details:	
Effective Date:	
Review Date:	
Related Documents:	

1. Purpose

To ensure that practitioner records are maintained in good order, complete, high quality, and support all the CPD Home Program requirements as they have been claimed / reported.

2. Policy statement

The CPCA is committed to auditing practitioners' CPD records to assess the completeness of evidence and educational quality of the activities undertaken, in a manner that meets the requirements of the Medical Board of Australia for audit activity, including content that relates to cultural safety, professionalism, ethical healthcare and health inequities.

No less than 5% of practitioner records will be audited annually.

The process of annual audit will allow for continuous improvement opportunities for the CPD Home to be identified.

3. Responsibility

Implementation of this policy is the responsibility of the CPD Home Committee. Activities as outlined in the procedure may be conducted by authorised representatives with all outcomes and actions reported through to the CPD Home Committee for completion. Where necessary, analysis of outcomes and potential opportunities for improvement will be escalated to the CPCA Board, ensuring all information provided is amalgamated and de-identified.

4. Scope

This policy applies to all records provided by all practitioners that are registered with the CPD Home for the relevant CPD cycle.

5. Procedure

1. Within 3 months of the close of the current CPD cycle a random sample will be selected using technology within the home's tracking software which will ensure the sample is unbiased. The sample size will represent no less than 5% of the total participating practitioner CPD records completed during the CPD year.
2. A qualified reviewer, or team or reviewers, will be appointed by the CPD Home Committee.
 - a. Should the nominated reviewer for any reason not be able to make a qualified decision relating to the relevance or quality of provided CPD evidence, they will confer with the wider CPD Home Committee or CPD Consultant Panel.
 - b. For this purpose records will be de-identified with only information required to make a determination being provided and / or discussed.
3. The nominated reviewer will consider each individual record and the supplied evidence within the sample against criteria listed on the Individual Audit Record.
 - a. To complete this step the CPD Program Guide will be used as reference for each item of evidence. The reviewer will check to see if what has been supplied meets the outcomes of what was requested.
 - b. Activities promoted by this or any other CPD Home within their catalogue have already been approved in content and mapping to a CPD Requirement outcome, therefore no further educational value review is required.
4. If a practitioner records an activity as evidence of CPD that is external from any CPD Home approved activity to ensure it meets the necessary standard and educational quality requirements the CPD Activity Recognition Framework will be used to confirm suitability.
5. If it is determined that a practitioner has not met the annual CPD requirements, the reviewer will provide a written communication to the relevant practitioner requesting further information / evidence to be provided.
 - a. If further evidence is provided and this resolves the non-compliance, no further action is required.
 - b. If further evidence is not provided, or remains unsatisfactory, the nominated reviewer will work with the practitioner to develop a remediation plan that allows them to resolve the non-compliance within the designated time frame, no less than the 30th June. The practitioner will be advised in writing, including any actions or rectifications they need to complete, this will include an updated report of the completed / uncompleted CPD hours.
 - c. The practitioner will also be given the right of Appeal (See Appeal and Complaints Policy).
6. An Annual Audit Report will be completed by the reviewer and provided to the CPD Home Committee. If required, based on findings and continuous improvements identified, the report will be supplied to the CPCA Board.
7. Any arising continuous improvement actions identified will be handled as per the Continuous Improvement Policy.
8. As advised / required by the Medical Board of Australia, records or reports of the audit process will be supplied in the manner they have advised.

6. Supporting Documents / Systems

- CPD Program Guide
- CPD Home Committee Terms of Reference
- CPD Tracker
- Annual Audit Report
- CPD Activity Recognition Framework
- Appeal and Complaints Policy
- Continuous Improvement Policy

7. Review

This policy will be reviewed no less than annually at the time of use to ensure it remains fit for purpose.

8. Version Control

Version	Date	Changes Made	Approved By
DRAFT	25/08/2022	New document created	Michael Molton
V2	15/05/2023	HT - Updated to include clarification about how the educational content of activities is determined.	
V3	19/07/2023	HT - Updated to better reflect use of the Audit Report Templates.	