**HOW TO USE THIS TEMPLATE**

Please download the letter attached and put onto your Hospital letterhead.

Please tick the box(es) beside the activity in each category that has been reported against CPD in the Appendix attached.

Please have your supervisor date and sign this letter adding their full name and title and then email this back to the CPD team at cpd.college@surgeons.org.

[Date]

Fellowship Experience

Royal Australasian College of Surgeons

250-290 Spring Street

East Melbourne VIC 3002

AUSTRALIA

c/o: cpd.college@surgeons.org

Dear RACS CPD Team

**Verification: Continuing Professional Development (CPD)**

This letter confirms that [full name], (RACS ID #) has participated in the activities indicated in the attached list for the 1 January to 31 December 2024 CPD Period.

Across the activities reported, [full name] has satisfied the Regulator’s requirements of Cultural Safety, Addressing Health Inequities, Professionalism and Ethical Practice (CAPE).

Kind regards

*[Signature]*

Name

Position

Contact Details

[ ]  Peer reviewed audit (minimum 10 hours).

[ ]  Education activities comprised of the following (minimum 40 hours; two activities):

|  |
| --- |
|[ ]  Research Activities |
|[ ]  Journal Article Review |
|[ ]  Publication – Clinical text  |
|[ ]  Publication – Journal  |
|[ ]  Presentation to Peers |
|[ ]  Small Group Learning |
|[ ]  Volunteer Activities |
|[ ]  Rural Outreach |
|[ ]  Scientific Conferences |
|[ ]  Online activities |
|[ ]  Cultural Safety, Cultural Competence & Health Equity Activities |
|[ ]  Development of Education material  |
|[ ]  Journal reading, podcasts |
|[ ]  Tertiary Studies |
|[ ]  Teaching – RACS Courses |
|[ ]  Committee Meetings |
|[ ]  Advisor to Government  |

Performance Review (minimum 15 hours) across the following:

[ ]  Performance Review of Others

|  |  |
| --- | --- |
| [ ]  | Structured Conversation with a peer |
|[ ]  Clinical Governance (MM/MDT/XRAY) |
|[ ]  Mentoring |
|[ ]  Structured Practice Visit |
|[ ]  CPD Coach |
|[ ]  Performance Review |
|[ ]  Accreditation Review |
|[ ]  Attachment to a peer |
|[ ]  MSF/360 |
|[ ]  Health Assessment |
|[ ]  Supervision  |
|[ ]  Journal Article Review  |
|[ ]  Teaching – Courses & Workshops |
|[ ]  Teaching SET & Students |
|[ ]  SET Assessment |
|[ ]  Clinical Advisor  |

[ ]  Performance Review of Self

|  |  |
| --- | --- |
| [ ]  | Audit of Clinical Reports |
|[ ]  Student Evaluation |
|[ ]  Structured Conversation with a Peer |
|[ ]  Patient Feedback Survey |
|[ ]  Clinical Governance (MM/MDT/XRAY) |
|[ ]  Mentoring |
|[ ]  Structured Practice Visit |
|[ ]  CPD Coach  |
|[ ]  Performance Review |
|[ ]  Examiner |
|[ ]  Attachment to a Peer |
|[ ]  MSF/360 |

[ ]  Has participated in a Structured Conversation with a peer or colleague *(Note: Mandatory for Fellows practising in Aotearoa New Zealand and optional for Fellows in Australia)*