

The Royal Australian and New Zealand College of Radiologists<sup>®</sup>

# **Continuing Professional Development (CPD) Plan Template**

### Purpose

A Continuing Professional Development plan is to be used to describe specific professional development goals or opportunities that will inform activities or topics in a structured and planned manner over a period of time.

## Cycle

The professional development plan has been structured so that short and long term goals or activities can be identified and worked towards. It is recommended that the plan be created at the commencement of the CPD year and reviewed frequently, with incomplete learning goals being carried forward to the next year.

#### Who needs to complete this form?

Radiation Oncology Fellows, Educational Affiliates and CPD Participants of The Royal Australian and New Zealand College of Radiologists (RANZCR) who participate in the College's Continuing Professional Development program.

#### What to consider in developing a CPD plan

In completing the CPD plan, the individual learning needs should be identified by the Member and appropriate CPD activities planned.

The learning goals should be relevant to the member's current area of practice and support any future areas practice e.g. moving from consultant to managerial or teaching. The goals should also be aligned to any incomplete learning needs identified in any previous CPD plan.

Learning goals should be specific, measurable, achievable and support the practice of the member. 2 to 3 short term learning goals per year are recommended, with one overall long term goal identified. The long term goal should be broken down into smaller goals that can be completed within shorter timeframes.

## Section 1 – Duration of CPD Plan

| Date CPD Plan to commence: | 1 January   |
|----------------------------|-------------|
| Date CPD Plan to conclude  | 31 December |

## **Section 2 – Career Goals**

Defining your career goals are important for developing experience and expertise. An example of a goal could be setting a timeframe for becoming a manager, a clinical leader or Head of Department.

| Career Goals             | Brief description of Goal |
|--------------------------|---------------------------|
| Short Term Career Goals: |                           |
| Long Term Career Goals:  |                           |

# **Section 3 – Identifying Learning Needs** Please identify strengths and limitations to reaching your goals below:

| Strengths | Limitations |
|-----------|-------------|
|           |             |
|           |             |
|           |             |
|           |             |
|           |             |
|           |             |
|           |             |
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# Section 4 – Planning to Achieve your Goals

By reflecting on your own knowledge, skills and identifying learning goals, please list your goal, objectives and provide details on how these objectives can be met. This can include medical and non-medical areas (e.g. communication skills).

|            | How did you identify the goal<br>(what is the need) | Goal Objective<br>(what do you plan to learn) | Success Measures<br>(how will you achieve the goal) | Target completion<br>date |
|------------|---|---|---|---------------------------|
| Goal 1     |   |   |   |                           |
| □ Short    |   |   |   |                           |
| term       |   |   |   |                           |
| Long       |   |   |   |                           |
| Term       |   |   |   |                           |
| _          |   |   |   |                           |
| Goal 2     |   |   |   |                           |
| □ Short    |   |   |   |                           |
| term       |   |   |   |                           |
| □ Long     |   |   |   |                           |
| Term       |   |   |   |                           |
| (optional) |   |   |   |                           |
| Goal 3     |   |   |   |                           |
| □ Short    |   |   |   |                           |
| term       |   |   |   |                           |
| 🗆 Long     |   |   |   |                           |
| Term       |   |   |   |                           |
| (optional) |   |   |   |                           |
| Goal 4     |   |   |   |                           |
| □ Short    |   |   |   |                           |
| term       |   |   |   |                           |
| 🗆 Long     |   |   |   |                           |
| Term       |   |   |   |                           |
| (optional) |   |   |   |                           |

## Section 5 – Identifying CPD Goals and Plan

Planning CPD activities over a period of time to support your goals will assist you in meeting the goal. This can include CPD activities such as attendance at conferences, meetings or workshops, journal reading, web-based learning, clinical audit, peer review and any other CPD activities outlined in the CPD Handbook. Please note that a minimum of 50 CPD hours need to be completed annually.

| CPD Activity | Details of CPD Activity |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |
|              |                         |
|              |                         |
|              |                         |
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|              |                         |
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|              |                         |

## Section 6 – Declaration

#### Member Declaration

|       | I declare the information supplied in this form it is true and complete in every respect.  |  |
|-------|--|--|
|       | I acknowledge that the provision of false or misleading information or the omission of information relevant to this form may result in a request for further verification or |  |
|       | additional enquiries.  |  |
|       | I authorise the College to verify any information provided by me.  |  |
|       | I understand that I may need to complete the practice profile form again within the CPD annual cycle if my place of employment changes or if I do not provide                |  |
|       | accurate and complete information in connection with my form, or if I make any changes to the above declaration and authority.   |  |
|       | I have read, understand and agree to all the goals and planned activities included in this Continuing Professional Development plan.   |  |
|       | I agree that I am responsible for my own professional development and learning needs.  |  |
|       |  |  |
| Print | Name:  |  |
| Signa | ture :Date:  |  |
|       |  |  |

Peer/Colleague (Optional)#

I have noted the goals and planned activities of the Member included in this Continuing Professional Development plan.

|   | I have noted the goals and planned activities of the Member included in this Continuing Professional Development plan. |  |
|---|--|--|
| Print Na  | me:  |  |
| Signatu   | re :Date:  |  |
| <sup>#</sup> New Zealand members will need sign off by a peer/colleague to meet NZ requirements |  |  |

TNew Zealand members will need sign off by a peer/colleague to meet NZ requirements

You can upload your completed practice profile and professional development plan to your CPD ePortfolio Alternatively send to:

Email: cpd@ranzcr.edu.au

| www.ranzcr.com |  | Privacy and confidentiality statement | Your privacy is respected by the College. The College will manage your personal information in accordance with its Privacy Policy. Information regarding how the College collects and uses personal information can be found in the College's Privacy Policy, which can be accessed on the College website www.ranzcr.com |
|----------------|--|---------------------------------------|---|
|----------------|--|---------------------------------------|---|