

1 CLINICIAN DETAILS

Full Name Role / Specialty

AHPRA Registration Number Employer / Practice

CPD Year Expedition / Module

2 LEARNING NEEDS IDENTIFICATION

Identify the specific knowledge gaps, skills deficits, or practice areas you intend to address.

Learning needs identified

How were these needs identified? (select all that apply)

- Self-assessment
- Peer / colleague feedback
- Practice audit or data review
- Case review / M&M discussion
- Patient feedback
- Other

3 LEARNING OBJECTIVES & CPD CATEGORY MAPPING

State measurable learning objectives and map each to the relevant CPD category.

LEARNING OBJECTIVE	CPD CATEGORY	HOURS
Objective 1	Category	Hrs
Objective 2	Category	Hrs
Objective 3	Category	Hrs

CPD CATEGORY QUICK REFERENCE

- ACEM** EA — Educational Activities | PR — Performance Review (simulation, audit, peer review) | PI — Practice Improvement
- ACRRM** Educational Activities (EA) | Performance Review (PR) | Outcome Measurement (OM)
- AHPRA** Any activity meeting the Medical Board of Australia Registration Standard for CPD (50 hrs/year)

**4 PLANNED LEARNING ACTIVITIES**

Tick the activities you plan to undertake during this expedition or module.

PLANNED ACTIVITY	PLAN / DONE	
Pre-reading and self-directed learning (journal articles, textbooks, guidelines)	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
OffChartCPD eLearning modules and knowledge quizzes	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Clinical simulation and CRM (crew resource management) scenarios	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Skills stations and procedural practice	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Expert lectures and case presentations	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Field-based experiential and contextual learning	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Structured debrief sessions	<input type="checkbox"/> Plan	<input type="checkbox"/> Done
Other (describe in Expected Outcomes below)	<input type="checkbox"/> Plan	<input type="checkbox"/> Done

**5 EXPECTED OUTCOMES & ANTICIPATED PRACTICE CHANGES**

What specific changes to your clinical practice do you anticipate as a result of this learning?

**6 PLANNED CPD HOURS SUMMARY**

<b>ACEM</b>	<b>ACRRM</b>	<b>AHPRA</b>
EA hrs: <input type="text"/>	EA hrs: <input type="text"/>	Total CPD hrs: <input type="text"/>
PR hrs: <input type="text"/>	PR hrs: <input type="text"/>	
PI hrs: <input type="text"/>	OM hrs: <input type="text"/>	

**7 DECLARATION**

I confirm that this Professional Development Plan reflects genuine learning objectives relevant to my clinical practice, and that I intend to undertake the activities described above during the CPD period specified.

Clinician Signature

Date