



Supporting you to achieve the new CPD hours

GPs will need to record 50 CPD hours annually across various activity categories. There are minimum required hours for some categories.



GP CPD Activity

Assessing patients with a cardiovascular disease risk of > 15%

GP CPD hours

If a GP completes all the tasks in this activity, you can scan the QR code, or enter the weblink <https://bit.ly/BSPHNPCVD> into a browser. Please upload your reflection and supporting evidence e.g. PDSA, meeting minutes etc. This will entitle each GP to a pre-approved 2 & ½ reviewing performance hours and 7 & ½ measuring outcomes hours (10 hours total).



GP CPD hours

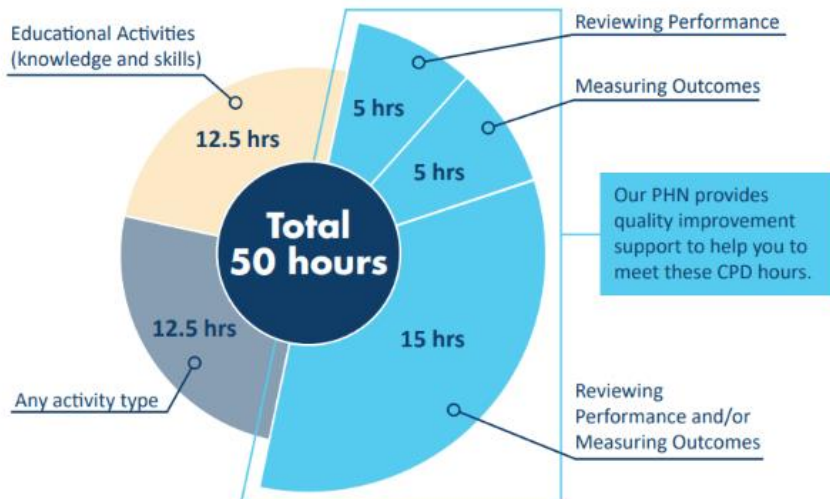
GPs are required to complete hours in the following categories:

- Educational activities
- Reviewing performance
- Measuring outcomes.

What are measuring outcomes activities?





Activities that use GP work data to ensure quality results.





When measuring outcomes, GPs use data from their work to show they're aware of current evidence and best practice in a particular area. This could be achieved by conducting activities like research, audits, and evaluations. This type of learning can help to achieve high-quality performance in the scope of practice.




Reference - Royal Australian College of General Practitioners
www.racgp.org.au/education/professional-development/cpd/2023-triennium

Checklist to complete CPD activity

Stage	Steps	Details	Completed
Plan your activity	Discuss with other practice team members the potential opportunity to improve CVD risk as a practice. (Other GPs in your practice may also need CPD hours).	If working with others in the team, form a QI team within your practice and schedule meetings to discuss options and strategies. Please note GPs can do this activity independently.  <i>TIP: Completing QI as a team also assists to meet ongoing accreditation and PIP QI requirements.</i>	<input type="checkbox"/>
	Identify and establish key practice team members to implement this QI activity. (If relevant)	Suggested team members include: 1. General practitioner (GP) 2. Practice manager 3. Practice nurse 4. Receptionist Refer to the practice team roles and responsibility for ideas.  <i>TIP: Specify roles and delegate responsibilities for each team member and ensure these are documented in the PDSA.</i>	<input type="checkbox"/>
	Run the Cardiovascular Disease Risk Factors report in Primary Sense to identify an appropriate sample group of patients to focus on.	Access the CVD risk factors report from the reports section in Primary Sense  Cardiovascular Disease Risk Factors Modifiable risk factors  <i>TIP: Reviewing and analysing data also assists to meet ongoing PIP QI requirement.</i>	<input type="checkbox"/>
	Confirm sample group of patients.	Identify your patients. It is suggested that you start with 10-15 initially.	<input type="checkbox"/>

Stage	Steps	Details	Completed
		You may choose to: <ul style="list-style-type: none"> recall and further assess their risk, or engage in a risk reduction activity and then re-measure their CVD risk after 6 months. 	
	Discuss and document your approach, targets, and expected outcomes of your QI activity. If you are working with other GPs, you can all work on the same documentation.	Document agreed strategies, actions, baseline data, timeframes and targets in PDSA template.  <i>TIP: Consider potential factors that may negatively impact the activity and factor these into timelines. (e.g. accreditation, staff leave,).</i> PDSA examples are available on Brisbane South PHN website .  <i>TIP: Completing a PDSA template will also form part of the evidence that is required to ensure your practice meets the criteria and is eligible for the PIP QI payment.</i>	□
	Upskill practice team members (if required).	Ensure all relevant team members understand CVD risk factors and their roles and responsibilities.	□
	Identify and order any resources or publications required.	If you need any patient resources, please order. Include resources available in languages other than English. Refer to HealthPathways .	□
<i>Implement your activity</i>	Communicate details of the focused QI activity to the whole practice team. (This will be dependent on the goal you have set in your PDSA – it may or may not involve others).	Share the updated PDSA with the whole practice team to ensure everyone is aware and knows their role to support implementation of the activity.	□
	Hold meetings and document minutes and outcomes as you progress through the activity (if working as a team).	Holding regular meetings will help the practice maintain momentum and keep people on task to achieve QI targets. <i>TIPS:</i> <ul style="list-style-type: none"> Minutes of meetings form part of the measuring outcomes documentation. You can also keep this for accreditation and PIP QI documentation. Primary Sense has a meeting template available in the CQI  section.  a PDSA can be edited and updated as you progress the activity. Plan meetings in advance to ensure availability of key members. 	□
	Document the improvements made for each patient.	Document in the Do section of the PDSA template: <ul style="list-style-type: none"> Number of patients reviewed for CVD risk What you did for each patient Who was involved at the practice 	□

Stage	Steps	Details	Completed
		<ul style="list-style-type: none"> Hours to complete this activity (including patient searches, practice meetings, implementing patient improvements, documenting your processes). 	
	Contact Brisbane South PHN for support (if required).	Brisbane South PHN can assist your practice to achieve its activity goals. Contact the GPQI team via email: support@bsphn.org.au to assist with using data extraction tools, establishing your goal, suggesting QI strategies and tips and keeping you on track.	<input type="checkbox"/>
<i>Review your activity</i>	Review PDSA and targets to assess progress or success.	<p>Consider:</p> <ul style="list-style-type: none"> What worked? What needs more work? What did you learn on the way? What have you updated or changed to support this activity? <p> TIPS:</p> <ul style="list-style-type: none"> Conducting a review of your process and data forms part of the requirements for PIP QI. Ensure you document your findings to continue to meet the PIP QI guidelines. If you have changed your systems and processes ensure these are documented in your practice policy & procedure manual. 	<input type="checkbox"/>
	Share your results with the practice team.	Communicating the results of your QI activity with your whole team is important. Display results in a staff common area, discuss at a staff meeting or send an email.	<input type="checkbox"/>
	Completion is a success whether outcome is achieved or not.	<p>Celebrate all achievements, big or small.</p> <p>Get in touch with the Quality Improvement team via email: support@bsphn.org.au about your activity. We may be able to provide you with a certificate of completion.</p>	<input type="checkbox"/>
	Log your hours and supporting documentation with your CPD home.	It is important to self-report the hours and supporting documentation (PDSA, meeting minutes, certificate etc), to your CPD home.	<input type="checkbox"/>
<i>Next steps</i>	Determine if this activity needs to continue as is or requires changes.	<p>If you have achieved your outcomes, consider reviewing more patients for CVD risk.</p> <p>Consider options for a new activity. Contact the GPQI team for support and guidance.</p>	<input type="checkbox"/>

For more support



support@bsphn.org.au



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