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From: Heinz Tilenius [REDACTED]
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To: PerformanceFramework
Subject: Proposed CPD changes

Categories: Acknowledged

Hi,

why is it that Australia still has the tendency to follow what is happening in the UK? In the UK 50 hours CPD per annum are required, the same as the proposed 50 in Australia. In the UK there is no requirement to have 25 percent of this and that. So if we need/want to follow the UK rules, then we should also follow that there are no specific requirements regarding what is done exactly within the CPD, but add on requirements such as QI activities and case studies. The UK also has a learning plan, same as now proposed. So if the proposed changes for CPD are implemented, why is it then that annual appraisal and revalidation are not implemented? And multisource feedback and patient feedback, as in the UK? If a learning plan is implemented: who will review it? If there is nobody to review it (such as an appraiser), then it is pointless to implement one as there will be no control mechanism built in.

It would be better to stay with the triennium model and make it more stringent, in my view. Appraisal and the UK CPD model have not shown to improve anything. Australia should be confident enough to have its own and distinctively different educational model for doctors and a model which suits the country's needs. I find it concerning that a non-evidence based model is now proposed. There are no known obvious benefits to the UK model. In fact, what the UK style CPD model will result in is a restriction of the workforce mobility and is likely to negatively impact on rural areas with chronic workforce shortages, in my view. These proposed changes to the current CPD model do not reflect the real workforce needs and will not result in any benefits for patients, the wider community and medical workforce. I feel that it is important to listen to people who work in the UK, such as myself.

With kind regards,

Heinz Tilenius, FRACGP, CEGPR (UK), MD, MPH