

From: [REDACTED]
Sent: Saturday, 1 February 2020 4:37 PM
To: PerformanceFramework
Subject: consultation on continuing professional development

Categories: Do not publish name, Acknowledged

Dear Sir/Madam,

I am writing to express my opinions regarding the proposed changes to the CPD standards for medical registration.

If my submission is to be published, I would prefer it to be published anonymously.

In principle, I am supportive of having CPD in 3 categories of education, performance review, and measuring outcomes. However, I am unenthusiastic about the changes when applied to my situation, which I am sure is not dissimilar to a significant minority of Australian doctors.

I hold two fellowships, FACRRM and FAFPHM. The AFRPHM has for the past year changed its CPD requirements and I have found it very challenging to implement. I am therefore not looking forward to ACRRM also changing its CPD requirements as well.

The following summarises my work in recent years:

1. Representing a major Australian university in a rural location in a low middle-income country for 4 months, where I supervised Australian medical students and supported local health professionals and health workers using my expertise as a GP and public health physician.
2. Part time doing GP work at a nursing home and part time setting up an education programme for medical students and doctors in a high-income country, for over a year.
3. Working for a non-governmental organisation for almost a year with other Australian colleagues in a different low middle-income country, teaching and supervising local GP trainees and using my skills as a public health physician in advising, mentoring, teaching other health professionals in public health.
4. Doing GP locums in remote Australia for 4-5 weeks at a time. Several of these locums have involved going to 4 different remote Aboriginal community over 4 weeks.

No matter where I am, I have always tried and been able to engage in educational activities, including online courses, reading journals, teaching, attending courses and/or conferences when I'm in Australia -- that is not at all a problem.

The big challenge is to meet the other requirements of reviewing performance and measuring outcomes.

- + Much of what I do overseas is not directly with patients, so patient feedback is usually irrelevant; patients who I see often do not speak/read English, including in Australia.
- + Many of the people I work with overseas do not speak English as a first or even second language.
- + Often I feel I have no peers in the workplace, where I am the only doctor, or the only person with public health training and experience, or amongst doctors whose standards are below that of Australian doctors.
- + When overseas and working in places where expectations are very different from Australia, while it would, theoretically, be good to introduce these practices to my overseas colleagues using myself as an example in order to fulfil my CPD requirements, it may be inconvenient for them at best and at worst may offend.
- + I tend to work where the needs are, which means that every month or week I am involved in a different project or programme, or working as a GP in a different clinic, such that my colleagues change frequently and I don't do enough of one thing repeatedly to be able to do a meaningful audit.
- + Making a CPD plan is difficult when I am often not sure what

challenges I will face as a year progresses and I am undertaking new projects that I only know about a few weeks prior. I do much of my CPD according to the professional challenges that I face currently or can expect to face in the coming weeks, and not well in advance.

Therefore I think flexibility in the 'reviewing performance' and 'measuring outcomes' categories is important -- they seem to be relatively easy to fulfil when one is working long term in a standard Australian clinical setting, and perhaps not too difficult to fulfil in a standard Australian public health and/or management setting, but very challenging for doctors like me who work in non-standard and even non-clinical settings in Australia and overseas. I suggest that everyone should be required to participate in a minimum number of hours of education activities, and but 'reviewing performance' or 'measuring outcome' activities should have a lower minimum, even down to zero.

I believe that having to write a compulsory CPD plan is not helpful, but having a CPD plan should be optional.

Finally, my other major suggestion is that those who are registered as dual specialists, as I am, should only be required to fulfil the CPD requirements of one College, provided there are elements of both specialties. For me, fulfilling the revised CPD requirements of AFPHM has been enough of a headache this past year, such that I am really not looking forward to having to fulfil the revised CPD requirements of ACRRM as well.

I am sure I'm not the only Australian doctor who practises in a non-traditional setting, so I imagine that my concerns would be shared by many others.

Thank you for considering my submission.

Yours sincerely,

[Redacted signature]