

From: Sandra [REDACTED]
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To: PerformanceFramework
Subject: CME for GPS

Categories: Acknowledged

Hi,

My name is Sandra Ward, . I am a GP in southern Tasmania . I graduated in 1984 and have been working as a GP since 1988, both in rural Queensland and rural Tasmania. I would like to make the following suggestions re CPD for GPs. Firstly the current PLAN as run by the RACGP I found of limited use for three reasons. Firstly it asks you to identify what areas you need more education in. But are we actually able to do this? We may think we are well versed in an area but actually we are not up to date.

Secondly after an area is identified it can be difficult to find an educational activity that covers what you want to learn. Yes there are some great activities out there but are all of them as comprehensive as I might need?

Thirdly you can choose to only do education in your area of interest. This means that a doctor may be registered to work as a GP but be very outdated in the full range of knowledge/ skills required for general practice.

In your consultation document you suggest that CPD should be:

- complete a minimum of 50 hours of CPD per year that includes a mix of: - at least 25 per cent on activities that review performance - at least 25 per cent on activities that measure outcomes, and - at least 25 per cent on educational activities 50 hours per year.

My suggestion is that this is made up of

1 Six modules which cover the full range of work a GP may be expected to cover:

Internal medicine

Surgery/Orthopaedics

Emergency

Mental health

Paediatrics

Obstetrics/Gynecology.

These would be developed by AHPRA and the relevant colleges. Each module be based around a 15 hour workload comprised of:

12 hours of update education in that area presented both as a 2 day course and online

2 hours for review of work

1 hour exam, and questions could be redone till correct as it is learning process.

All modules presented at a basic, intermediate and advanced level to cover doctors learning needs and expertise. The minimum all GPs need to pass is basic level of all 6 modules once every three years.

2 A 6 hour (one day) update and assessment of Emergency skills including CPR with use of a defibrillator, assessment of the sick child, management of anaphylaxis, putting in a drip, medical management of arrhythmias, and even use of intra-osseous needle.

This is 96 hours and would cover the basics that all GPs should know.

3 A 20 hour audit in an area of the doctors choosing. I would think about 15 hours collecting the audit and then 5 hours of reading the report from audit and reflection on it.

This added brings the CPD learning to 116 hours, would all be assessable and the audit and the Emergency skills update day looks directly at the GPs current performance.

4 Lastly the final 34 hours at a minimum could be spent doing updates that are particularly relevant to an individuals practice. This could be a day every 6 months, or could be a 5 day course, or multiple small learning tasks. Each should be followed by a short reflection.

I feel the above would provide more useful CPD, without doctors wasting their time filling out unnecessary and unhelpful documentation or doing yet another course where they learn nothing but do it for the points. Thank you for considering this

Sandra Ward.