

From: Michael Montalto [REDACTED]
Sent: Monday, 10 February 2020 9:19 AM
To: PerformanceFramework
Subject: Consultation on revised CPD

Categories: Acknowledged

Dear AHPRA

Re: Draft Revised Registration Standard: Continuing Professional Development

Thank you for allowing us to respond to the Draft.

The Medical Board should not be entering the area of prescribing CPD standards. This is a matter for the profession. Ideally, this is a matter for individual professionals who work as medical practitioners, and it defines the profession.

The Medical Board appears to wish to change its role. We do not believe that AHPRA should seek to establish itself as the setter of standards for the profession. It should remain as the investigator and prosecutor of alleged behaviour that is incompatible with standards as defined by the profession, for the protection of the community. We hold to the rather conservative view that the Colleges should remain the independent and informed arbiters and setters of professional standards. They are the acceptable collective reflection of individual medical professionalism. Neither AHPRA nor private proxy companies of universities or other educational providers hold any moral rights over that process.

The implications for the Medical Board in pursuing a change in role are significant. The Medical Board is not representative of the profession. It is a legislated authority of the Commonwealth. It imposes and prosecutes rather than represents. That prosecutorial role is currently supported by the profession, but it may not be so if it seeks to also act as an unelected standard setter. The Medical Board may currently see that as either irrelevant or inconsequential, but it will have long term effects.

With regard to the specifics of this draft paper:

1. The Medical Board has presented an omnibus proposal and so the consultation covers many proposed changes, with the outcome that there is inadequate focus on the central issues.
2. The Consultation Draft does not describe the serious problem that has instigated this proposed change. It has not demonstrated a serious decline in standards, or an increase in breaches, that would justify this change. Thus, it appears to be simply an extension of the role and influence of AHPRA.
3. The specified standard for hours spent in CPD are not supported in evidence.
4. There is no cost effectiveness analysis conducted or presented
5. The Board has fallen to the group think approach that is the hallmark of educational fadism. Australia is especially prone to this. It has seen educational outcomes, as measured by Naplan, fall over the last 18 years. Educational research is generally poor, in our opinion.
6. Self reflection is at the core of personal and professional growth. Forced self reflection as expressed in CPD programs is a parody of genuine reflection. It is fake, simplistic, indulgent, and promotes only the skill of learning to give the teacher/regulator what they want to hear.
7. There are only 4 publication references listed in this draft and very little discussion of the evidence. We are told the Board accepts the evidence and that should be adequate. We don't agree.

8. There are obvious, yet unstated and unconsidered, conflicts of interest in educational providers extolling increased hours of CPD. Education providers are the direct financial beneficiaries of these recommendations. What is missing is independent cost effectiveness analyses. Without them, this draft and its core recommendation should be rejected. Other government bodies such as MSAC and the PBS would (and do) reject costly interventions without supporting strong cost effectiveness evidence. The fact that the cost is borne by private practitioners should not alter the principle. This specific intervention should be subject to a randomised trial in Australia prior to adoption. The Board could recommend its funding if it saw fit.

Regards

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Dr. Margaret M. Eagle