

**From:** [REDACTED]  
**Sent:** Thursday, 30 January 2020 11:29 AM  
**To:** PerformanceFramework  
**Subject:** Consultation on revised CPD registration standard

**Categories:** Do not publish name, Acknowledged

To whom it may concern,

I am writing to provide some feedback on the proposed changes to the CPD requirements. I am a part time GP and I undertake a lot of CPD points that are not accredited - I listen to podcasts regularly, look up guidelines through Health Pathways, therapeutic guidelines, read journal articles, discuss cases with colleagues, etc. I have managed to complete the RACGP's CPD requirements despite being on maternity leave 3 times in the last 11 years. My concerns with the new guidelines are as follows:

1. The greatest concern I have is the amendment to the 'Specialist' area and the regulation of CPD by AHPRA rather than the specialist colleges. As a GP I want my CPD to be controlled and overseen by the RACGP for several reasons:
  - a) The RACGP already runs an excellent CPD program that provides variety of activities that can be completed.
  - b) It is run for GPs - not for other specialties - so it is relevant to our scope of practice. I am concerned that having an overriding body will mean that we have to complete certain CPD requirements that are not relevant to our practice.
  - c) The completion of a professional development plan - the RACGP trialled this in the last triennium and it was widely rejected. I completed the RACGP plan initially which was time consuming and unhelpful - to make this compulsory would be frustrating - especially having to do this annually. In my experience the PDP changes over the year as you see new patients and are faced with new challenges that you feel you need upskilling in. Would the PDP be required on top of the 50 hours or included within it?
  - d) I am also concerned that having an overriding body such as AHPRA certain agendas can be pushed by vocal consumer groups rather than a CPD program designed and implemented by doctors.
2. The minimum requirement of 50 hours/year - I believe this is much better in a triennium format to allow for flexibility for all doctors especially those who are on maternity leave, bereavement leave or sick leave. During these times having to adhere to the annual cutoffs or fill out excessive amounts of paperwork to get an exemption seems onerous - especially if they take less than 12 months off. I think the 12 month cut off is too high - many people who take 6 months off will struggle to do equivalent of a week of full time education.

Also for many of us we can't necessarily make annual conferences with other commitments of family, weekend work, etc so the triennium format works much better.

As a GP any education time is time away from clinical/paid work or family/personal time so this needs to be flexible. 50 hours/year is more than a week of fulltime work which is unpaid.

There needs to be a way to capture the 'unrecognised' CPD points we do everyday to meet the 50 hour requirement.

3. CPD required - I think the 'measuring outcomes' and 'reviewing performance' may be hard to capture - would this be based on a log book system? Keeping tabs of these activities will be time consuming. How do you capture the hours

spent reading emails that update us on the latest shared care guidelines or the latest recommendations for new infectious disease outbreaks, etc.

Thank you for taking the time to read my concerns.

Kind regards,

A solid black rectangular box used to redact the sender's name.

General Practitioner