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**From:** Pamela [redacted]
**Sent:** Wednesday, 12 February 2020 10:48 PM
**To:** PerformanceFramework
**Subject:** Consultation on revised CPD Registration Standards

**Categories:** Acknowledged

I am a GP with many years experience in GP and palliative care in community.I have regular contact with young RMOs. The Medical Board has put a case for the change for change in CPD based on studies .As a Dr who practices self reflection and self assessment and is motivated by wanting the best treatment in both fields I work in so I seek more knowledge and have found the present set up beneficial for me and my patients.I use the goal of optimal Diabetic control and minimisation of Complication and can measure that.In palliative care I evaluate effectiveness in controlling Symptoms because motivated by welfare of my patients.
There is much evidence that the the well being and morale of the practitioners at the Point of Care ie interface with the community which GPs are is directly linked to patient satisfaction as well as good standards of Medical care.I suggest the Medical Board read the Book At the Point of Care.
I would have thought that the Medical Board would be aware of this.If they were sensitive to how GPs feel I doubt that the statement "Äny impact on practitioners are expected to be minor"This involves a week of work which will cost GPs at least a $1000 to pay for CPD homes to manage.CPD homes will be required to do more work.Who pays for this
I -4 .I think the proposal is unnecessarily burdensome and Changes should be made to the present system to ensure Quality Improvement Clearer than Plan are added.
5 and 6.
I strongly agree that interns should be exempt.I have a lot of contact with recent interns and hear about the stressors they experience.I mentor them in community palliative care and their mental wellbeing is my top priority.I think All junior Drs should be exempt.
Recent Studies of 43,000 junior Drs{Black Dog and UNSW}have shown Junior Drs working over 55 hrs a week have twice the incidence of mental health issues and suicidal thoughts.
Studies of Junior Drs show average of 50 hrs work a week and 1/4 work over 55 hrs per week where mental health,performance issues,fatigue and burnout become a problem.
Managing working hours in a complex work environment is difficult but increasing efficiency of work environment to reduce work load,more considerate rosters and adequate staffing are important.Fatigue and sleep deprivation,conflicts between work and family add stress.
The Medical Board should be doing something about this NOT ADDING TO THE BURDEN.
I think all Junior Drs should be exempt.Once they have embarked on training course then the College they are in should be responsible for CPD .Please read the comment below
I asked a RMO just finishing first year about the proposals.Here is her response.Please listen to her .
"The Expert Advisory Group has identified that our category(Pre-vocational/registered practitioner) have a self directed approach that is effective,but I feel that the proposed changes do not offer any structure to CPD in this category and the approach should remain self directed.
The CPD home could be a choice - would this mean we would pay membership for a college to monitor our CPD or is it enough for our training hospitals to manage as they already do..It feels counterproductive to have people outside our training hospitals managing our CPD requirements particularly when it comes to professional development leave etc.
Currently pre-vocational Drs are keen to participate in professional development but in my experience professional development leave is difficult to come by especially at shorter notice (ie <6 mths).i have.I have many colleagues who have been unable to present research at conferences or been unable to complete expected courses such as ALS2 due to lack of available leave.
It is already expected that RMOs will complete an end of term evaluation and reflection.However it is not compulsory (in WA).In My experience most RMOs complete this requirement already as these documents /reflections help for

future proof of completion of rotations when applying for training programs.These reviews occur midterm and end of term and are already difficult to arrange particularly with Shift work I feel it would be difficult to expect more time that reviews performance and would be more acceptible to make these reviews compulsory and encourage participation from Senior Drs instead of assigning a compulsory amount of time.
I am concerned about having the time to complete the additional learning component to Fulfill the CPD homes expectations.Many RMOs already complete audits and reflections.For RMOs with no affiliation with Colleges would need to pick up online courses in own time in own time due to lack of leave?shift work which would probably not be helpful to future career aspiration but would be ticking boxes.

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If GP practice a subspecialty like i do Palliative care in home as well as GP work you say they will have to do double time and cost..
I strongly disagree with this as 100 hrs per year.
I think in view of approach taken by Board I would not recommend they be intimately involved with assessment but should be left to Colleges like RACGP to set the requirements which has proven in the way it looks after GP registrar that bullying is reduced compared with other groups and have the welfare of members at heart and they listened to complaints about THE Plan.
14 .The transition arrangements should be 1 to 2 years as you commented that Colleges are not ready yet and that will take some time for you to liaise with them.
If you make things too demanding and unreasonable I can just retire but I beg you to consider what the RMO said and take responsibility for for the well being of young Drs.
Dr Pam Williams