

[REDACTED]

From: Judy [REDACTED]
Sent: Friday, 31 January 2020 2:26 PM
To: PerformanceFramework
Subject: Consultation on revised CPD registration

Categories: Acknowledged

Hello,

My name is Dr. Judith Tai. I am a general practitioner working in [REDACTED] Victoria.

I have been a qualified doctor since 1991. I have been working as a general practitioner for about twenty four years.

I hold an FRACGP qualification from Australia and went through the Royal Australian College of General Practitioner Training Program.

I am writing to you to inform you I do not agree with the proposed changes to the CPD registration or program which you have recommended.

I feel that we should continue with the current CPD program in place.

The reasons for me saying this are listed below.

1. I think it would take longer than the time you suggest to review a doctor's performance and measure outcomes. It also takes a lot of time to formally write a plan. I found this was the case when I did the RACGP Plan which was optional in the current CPD.

Doctors from England whom I have met and have been doing such a CPD program as you propose have told me that there is a lot of work involved in getting feedback from fellow doctors and from the patients or clients we look after. I am concerned that this would take longer than the time you suggest ie 12.5 hours a year. I feel this would put more pressure on my boss who is a solo doctor who owns his own practice and looks after four doctors..

Personally this would distract me from providing good patient care ie being able to spend more time with my patients and also keeping up to date with the changes in medicine.

As a general practitioner it is already a challenge to keep up to date with all the unpaid work I do such as paperwork, checking results and answering phone calls from allied health, nurses or family members.

2. I am unsure if doing what you propose will improve patient outcomes or if some patient outcomes can be measurable.

I think it is good that we implement what we learn from the current CPD program but I am unsure if it will reflect in a better patient outcome or reflect on how well I am providing patient care.

The reasons for me saying this are because there are many factors beyond a general practitioners control which affect outcomes.

For example I can advise a diabetic patient to exercise, eat well and take diabetic medications but they sometimes do not follow through with my suggestions. The reasons for this are multiple ie lack of finances.

In the western suburbs I struggle with finding dieticians, diabetic educators and affordable specialists in the private sector and the patients have compounding issues such as unemployment. The outpatient waiting times at the public hospitals are extremely long.

Consequently if we were to measure outcomes such as HbA1c and BMI etc at my clinic then I suggest the outcomes would not be as good compared to a clinic in the eastern suburbs of Victoria.

I feel we can focus too much on measured outcomes such as HbA1c etc but fail to appreciate the benefits I provide to patients whom I have looked after for about twelve years.

I think all the doctors at my clinic provide good patient care which cannot be measured. We have looked after our patients for many years.

Because our patients cannot afford to see private specialists the doctors at my clinic do more things such as excise lesions and give injections which are all bulk billed.

3. I feel as general practitioners we are already doing these things in our CPD program.

The proposed changes in the CPD program you plan would make it less flexible for us to decide how to allocate our time and resources.

For example currently if I feel I need to spend more time on learning dermatoscopy I can do a course which would take a lot of my time.

It would be quite onerous if on top of that I had to spend a lot of time reviewing my performance or patient outcomes.

As a doctor I already think about gaps in my knowledge or how I can implement changes in the way I practice day to day which would help the patient.

I think it would be too time consuming and create unnecessary work for us as doctors if you change the CPD program..

4. Doctors who have little patient contact ie do administrative work or research would find it hard to do the new proposed CPD program.

I appreciate that you have given me an opportunity to provide feedback to your proposed plan.

Please consider my comments before you burden us with this ill thought out plan which is being done overseas.

Yours sincerely,

Dr. Judith Tai
MBBS FRACGP

