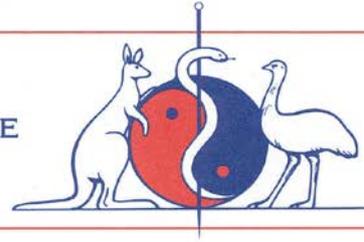

AUSTRALIAN MEDICAL ACUPUNCTURE COLLEGE

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16/02/20

Consultation on revised CPD Registration standard'
performanceframework@ahpra.gov.au

Dear Medical Board /AHPRA

On behalf of the Australian Medical Acupuncture College (AMAC) I wish to respond to the push to use compulsory changes to Continuing Professional Development as a precursor to revalidation, which has not been shown by evidence based standards to improve access to quality in health care in any jurisdiction.

*"There is no statistical evidence, as yet, that referrals from employers have dropped as a result of the earlier identification and local remedy of concerns."*¹

*"Whilst we persist with this annual ritual, the private sector from whence all this spawned is beginning to retreat, recognising appraisal as an opportunity cost no longer worth the resources"*²

In answer to the Board's questions:

1. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard? **Not helpful, clear, not relevant, less workable.**
2. Is there any content that needs to be changed or deleted in the draft revised standard? **Medical practitioners with more than one scope or specialty of practice eg Medical acupuncturists would not have to do 100 hours per year (or more) (eg if also a rural obstetrician/anaesthetist/surgeon), 50 hours per year, shared between the specialties is enough.**
3. Is there anything missing that needs to be added to the draft revised standard? **No.**
4. Do you have any other comments on the draft revised CPD registration standard?
 - **This will directly remove the incentive for older medical practitioners to remain in the medical acupuncture field or indeed any medical practice.**
 - **It will cost more time and money, reducing either consulting time or worse, time off with family.**

¹ <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/evaluating-the-regulatory-impact-of-medical-revalidation>

² <https://www.hsj.co.uk/quality-and-performance/medical-appraisal-and-revalidation-a-pretence-that-is-reassurance-not-assurance/7024648.article>

- Reports in social media and medical media sites show a significant number of medical practitioners taking early retirement because of this.

“Perhaps it is time to rise up and speak out against those who manage our health system without imagination, those who tell us over and over again about the ‘real world’. The truth is that their world of bottom lines and contracts and silos is not the real world at all. It is, in fact, arbitrary, self-serving and manufactured. Maybe it is time to take heed of what physics, the arts, our shared spirituality and, most importantly of all, our consultations tell us. The real world is full of dreaming, shimmering things: love, wisdom, patience and connection. If you are not sure about that, sit down one day with someone who is sick and ask them. It is well past time to build a health system around these values”³.

“...malignant effect of the new managerialism*

** it is a cancer because it is destructive, consumes a lot of energy that the body (the working doctors) needs, it spreads relentlessly and believes its own narrative, it seems to have no cure this particular cancer and it drives us to distraction.”ⁱⁱ*

“What has happened in teaching (Which is similar to medical education):

- 1) "evidenced based" pronouncements from people who were so far from the coalface, that they thought coal was a fashion item*
- 2) lists of criteria that had to be addressed which were ill conceived and often irrelevant*
- 3) further out of hours compliance work, that did nothing for the teachers or the students, but detracted from the limited resource of teachers' preparation time*
- 4) BUT it gave the gatekeepers of the managerial system a warm glow of achievement in an otherwise barren bureaucratic landscape and most importantly*
- 5) by reinventing things every year to enable them to keep their high paid jobs in their impenetrable tower of power because to create the perfect system which could run itself, would make them redundant.”ⁱⁱ*

Yours sincerely

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Examination Chair
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ⁱ Personal communication Dr Tim Begbie BA. MBBS(Hons) FAMAC

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³ https://thespinoff.co.nz/society/09-02-2020/mauis-fish-a-view-of-the-nz-health-system-from-the-end-of-a-corridor-in-a-levin-hospital/?fbclid=IwAR0jV_nHoC_SjzFDjlXhliuEVYyWT3_JQBN_ABYj4IYUUnnmgCdzaB6Oqt8