

Dear AHPRA

re. **Consultation on revised CPD Registration standard from AHPRA**

I do recommend **option 2 (revised standard but not the board proposed suggestion with 25% distribution each)**. How? That would be million dollars answer. Let's combine all heads.

1. In short, current content change with increasing educational activities 50%-75% (hours/points in Cat 2 which will cover various topics rather than one topic (Cat 1) is proposed. Educational activities which is a core of medicine should always be at number one priority rather than subjective reflection and feedback score. Category 1 and 2 are from RACGP's CPD.
2. With regard to performance reflection, the Board suggested there is an international evidence for usefulness of performance reflection such as audit, patients' feedback but the study needed to be analysed properly (how they conduct, sample and +/- bias). Overall they are subjective with bias. It cannot be validly measured by the board.
3. **any other comments:** If board favoured performance reflection, I do recommend one audit (as an optional) as a measuring outcome. ***Patients' feedback should not be encouraged as it would drive to the bribery and corruption of medicine (eg, doctor prescribe me a S8 drug and I will give you good feedback; sign this for me and I will give you good feedback, and so on).*** Furthermore, it is impossible to monitor for every individual practitioner how feedback is conducted. ***How about applying practitioners' feedback on the board (AHPRA)!*** With regard to a plan activity, I have done it voluntarily in 2017-19 triennium but no benefits in reality and reflection. Felt like being forced to be done with papers work. There are variety of CPD activities and practitioners will consider the option for his/her gap.
4. I would also like propose to change attitude of board members by maintaining good moral and common sense. Investigating on trivial matters without validating patient compliant/statement is bad attitude and empowering self to take advantages on others. There have been many stories- investigating on GPs who were unable to prescribe addictive S8 drugs and unable to sign some of Centrelink/legal papers for some ridiculous patients. Investigators need to give respect for importance of one's signature. People (patients) with nothing to lose can easily fabricate and these things should be left for patient and practice to sort out. Otherwise the boarding is

indirectly encouraging drug seekers, and also indirectly harming decent public/patient who rely on practitioners. It is also wasting taxpayers/public expenses. Please look into New Zealand system who usually focus on major morbidity and mortality issues without wasting Public resources in trivial matters.

5. CPD exemption on medical student and interns in accredited intern training programs: → Yes. Agreed for exemption for this group or a small amount of points for integration.
6. CPD exemption Medical practitioners who are granted an exemption or variation, Specialist trainees, and International medical graduates: → No. CPD should be applied to them as well as part of integration and acquaintance. Nevertheless, hours and points can be different (reduced) from fully registered/vocational practitioners.
7. CPD exemption granted in relation to absence from practice of less than 12 months for parental leave, in addition to serious illness, bereavement or exceptional circumstances: → CPD should be applied to them as well with a lesser degree, unless one has decided for permanent retirement. Is 12 months an appropriate threshold? → Yes 6-12 months, but not more than 12 months. Should CPD homes grant these exemptions or should the Board? Either one, but preferably the board.
8. Practitioners with more than one scope of practice or more than one specialty- Do you agree with the Board's proposal that medical practitioners with more than one scope of practice or specialty are required to complete CPD for each of their scopes of practice/specialty and where possible this should occur within one CPD home? → Yes. Agreed. Do you have alternative suggestions? → No.
9. Transition arrangements- What is a reasonable period to enable transition to the new arrangements? → Not a big issue for me.

Best Regards

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