

The ADF opposes micro-management of CPD

1. The Australian Doctors' Federation (ADF) does not support proposed changes to CPD by the Medical Board of Australia (MBA) that **effectively 'micro-manage' the way Australian doctors undertake their Continuing Professional Development (CPD)**.
2. The Revised Standard will mandate that practitioners: complete a minimum of 50 hours CPD activities per year, that include a mix of 25% review performance activities, 25% measured outcome activities, and 25% on educational activities. The ADF believes this should be a guideline, not a requirement for doctors in good standing who are practising satisfactorily.
3. **Australian medicine has achieved world-class standards of medical treatment because our doctors spend time maintaining their knowledge and skills, as meets their clinical needs.** As professionals, they are best placed to decide what activities they need to undertake to improve their knowledge and performance. The ADF believes it is not the role of the MBA to act as a de facto Medical College. It is important the MBA support and acknowledge the individual professional independence of all doctors and their right to determine their own professional development pathway.
4. Two studies¹ quoted by the Board in its 50-page Consultation Paper are by the same author and are more related to **continuing education** than **continuing professional development**. The two are related, but different. These studies, which are reviews from 2003 and 2015 respectively, can be summarised as concluding that well organised, relevant medical education is beneficial. This is not breaking news.
5. **The ADF does not believe that CPD is a means of remediating the very few doctors who, for whatever reason, are no longer suited to practise medicine.** This is a specialised role, requiring specialised assessment by an expert panel. **The National Law covers this area now and the Board can institute conditions on these doctors. The ADF is not opposed to CPD conditions being imposed on doctors where there is clear evidence of unsatisfactory performance.**
6. **The ADF supports doctors pursuing their own self-directed CPD programmes outside College programmes** and does not believe medical colleges should be granted monopoly rights in regard to CPD activities, which can be expensive and inconvenient. There must be flexibility and choice, particularly given the diversity of the medical workforce and the demands on doctors in critical areas of care.
7. **The ADF supports peer review groups as an effective CPD process** provided that they are clinically organised by doctors and are free of external control and compliance demands. The ADF notes that peer review groups are an established activity for psychiatrists and other groups who find the ability to share experiences and review case with peers worthwhile and clinically helpful.
8. **The ADF calls on the MBA to reconsider its mandated micro-management approach to CPD** and offer a guideline, rather than a required standard, for CPD activities.

¹ *J Contin Educ Health Prof.* 2003 Summer; 23(3):146-56

J Contin Educ Health Prof. 2015 Spring; 35(2):131-8. doi:10.1002/chp.21290

9. Doctors who, for whatever reason, do not wish to undertake a College CPD programme should be permitted to nominate as a self-directed CPD candidate and keep appropriate records of their CPD compliance for audit if required. **Good CPD is doctor-driven, not compliance-driven.**

Summary & Recommendations

1. The MBA should issue **guidelines for CPD, not mandatory requirements.**
2. Doctors requiring remediation due to serious breaches of standards of practice should be required to comply with Board directives and conditions, which may involve directed CPD requirements.
3. **No doctor should be obliged to undertake a College CPD** programme and all doctors in good standing should be able to pursue a self-directed CPD programme should they choose to do so.
4. **Clinically led peer review groups should be recognised and encouraged as CPD** for all doctors, including self-directed CPD nominees. Doctors are capable of organising these groups without over-bearing regulation. Flexible guidelines issued by medical colleges could be helpful.
5. **The Board should not act as a micro-manager or director of specific CPD content** for those doctors who are not subject to disciplinary proceedings.
6. **Medical colleges should be encouraged to maintain reasonable and flexible CPD requirements** to meet the needs of a diverse profession. These activities should be affordable and accessible to fellows of all age groups and income bands.

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