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From: Tarun Chauhan <[REDACTED]>
Sent: Saturday, 16 November 2019 8:19 AM
To: AHPRA.Consultation
Subject: Public consultation: Draft revised Registration standard: Continuing professional development
Categories: Acknowledged

Dear Sir/Madam

I am deeply concerned about the proposed CPD changes. In particular the following point is made in the draft:

*"The revised CPD Registration standard is **not designed to increase the amount of CPD medical practitioners undertake, but to make sure that the CPD that medical practitioners do is useful to them and shown by evidence to help them provide safe patient care.**"*

There is not a doubt in my mind that the proposed minimum 50 hrs per calendar year in addition to self formulation of a plan is an extremely onerous proposition. When plan from the RACGP came out, I completed the initial learning needs format and found it did nothing to assist my knowledge base. It was just paperwork and bureacratic box ticking and documentation.

I get far more from attending CPD events, taking notes and informing and changing my practice. I am happy to note and record a brief reflection to confirm my participation.

My grave concern is the 50 hrs minimum standard. I do not at all believe that the current time I spend in formal CPD is near 50 hours. That is a minimum of one hour per week. I doubt it will be achievable even at 50 hrs, that is a bare minimum. So in addition to consulting 6 days a week, training a GP registrar, maintaining my learning for that with GP synergy, teaching medical students and doing 12 -13 hrs mon to friday per day and Saturdays till around 2-3 pm, I don't believe there is any understanding how this 50 hrs is going to be achieved.

If this changes are proposed, what pilot studies/fact finding has been done to inform

1. GP satisfaction with the program.
2. Feasibility and costings
3. Whether accredited supervisor training for the RACGP will count towards such CPD
4. Whether teaching medical students (and the preparation that entails) will count towards such CPD.

Too much education now, is spent measuring instead of doing. I find that if we focus on the latter, and less on bureacratic documentation, it may be a more efficient way of achieving outcomes. We need to be shown some more specific details on how in real terms such CPD might be implemented. Admittedly I need to read more of the 40 plus pages but then again its 813 am on a Saturday morning and I have to check blood results and start seeing patients at 830 am. That's the problem of the additional time allocation that this proposed CPD suggests and it is not correct to suggest that it will not increase the amount of CPD time I spend based on the time and compliance requirements to creat a paper trail of CPD (useless clinically) this program suggests.

Perhaps my CPD won't increase, but the time required to demonstrate compliance will. That would be a grave inefficiency and should not be supported without further trialling of how an efficient system might work. We should not be treated as guinea pigs. That was the flaw of PLAN by the RACGP. Inadequate real world trialling before

implementation. So beyond submission , the board should commission a trial and then evaluate that, in the real world Australian setting.

Dr Tarun Chauhan

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