



Dr. Anne Tonkin,  
Chairman,  
Medical Board of Australia.

Dear Dr. Tonkin,

I am writing to you in response to the suggested changes to CPD requirements by the Medical Board.

With respect to the specific questions in the draft submission:

- 1) I do not think that the draft submission changes are relevant, helpful, or more workable than the present requirements. In fact I think that they are detrimental in all phases.

There is no NEED for change. Our present system is successful. There is no evidence of poor practice as a result of the present system. Australia has a very high standard of medical practice, which has maintained its' standard over many years with the present CPD requirements. If it is not 'broken', it should be left alone. More bureaucracy will not give any improvement on what we have, which is not 'broken'.

2)

In particular, the requirement of an annual cycle would make it very difficult for doctors on maternity leave, or on overseas temporary placements, as well as those with lengthy periods of illness to comply. The present 3 year CPD period is much more flexible, and has worked well for many years.

The suggestion of a requirement to prepare a plan at the beginning of each CPD period is also impractical. This may be fine in theory, but as I discovered, in the present triennium, when I attempted the RACGP PLAN, it is impractical. My initial PLAN was made, but as the year progressed, I found that my educational needs had changed according to the requirement of the specific patients whom I was treating. There needs to be flexibility in CPD to enable training to be appropriate for the CLINICAL needs of doctors and their specific patients.

Measuring performance and outcomes is theoretically a good suggestion. However, this is near to impossible for practitioners who do not have the common stable practice. Doctors who do regular locum work, especially

in remote Indigenous practices, and doctors who do 'after hours' home visits do not have a stable population to do such audits. It would reduce the availability of these important services.

The requirement of 50 hours a year is excessive, and not necessary. This would require more than 1 week full time to achieve. The present system over a 3 year period has proven successful, with its' flexibility. It has a more than 50 hours component.

5) I strongly feel that the present system where the Colleges set the standard for education and CPD is the best possible.

It is the Colleges that have created their high standard education programs, with the required apprenticeships and examinations over many years. This has given Australia the excellent medical standards that we happily experience today. Similarly, these Colleges have ensured the maintenance of these high standards through the development of their CPD requirements.

The Colleges are the only organisations with the skills and knowledge to be able to do this. Only they have the knowledge to enable successful programs, which are relevant and practical. The CPD requirements need to be flexible enough to enable all practitioners of diverse practice to be able to complete them.

The RACGP is recognised as one of the best in the world for its' CPD program, and has been copied in other countries. It has been a leader and innovator in this as well as its' education programs. It should remain in its' role of setting the standards.

In fact, I feel that the Medical Board does NOT have the relevant practical skills to set CPD standards. It should be more an administrative body to ensure that CPD requirements have been met. The Medical Board does not interfere with Medical Indemnity companies as to how they manage their insurance. It purely ensures that doctors are covered with insurance.

I hope that you carefully take note of my thoughts, and continue with our present successful CPD system. It is important to have practical CPD requirements, which are also flexible, and which take account of the many different practice styles of medical practitioners.

Yours Sincerely,

Malcolm Macdonald.

MB BS (Hons) RACGP, Dip.Obs.RCOG, FAMAS, Cert. Aboriginal Studies.