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**From:** Anthony Mills [REDACTED]  
**Sent:** Wednesday, 18 December 2019 7:13 PM  
**To:** PerformanceFramework  
**Subject:** Consultation on revised CPD Registration standard

**Categories:** Acknowledged

Dear Sir/madam

In response to your draft revised CPD standard, I have concerns that the goal for 25% of CPD being solely outcomes measures is unrealistic for most practitioners. Both the expert advisory committee and your own report note that the access to useful clinical outcomes datasets isn't widely available so I'm unclear how we are supposed to usefully benchmark our outcomes to comply? For most of us within clinical practice, appropriate peer review and discussion of cases in multidisciplinary case conferences is the most acceptable "outcomes measure" to guide our practice, yet this is a separate category under your draft standard. I work in private practice and in a large academic teaching hospital, attend at least three case-conferences a week, regularly review our unit guidelines to ensure they are contemporary and regularly submit 200-300 hours of CPD a year and yet I'm not clear how I could comply with your new standards due to the lack of available useful outcomes measures.

If you proceed with these, you will receive what is available which is a lot of organisational outcomes measures (review of category 3 waiting times, review of discharge summary completion rates) which are important but have no relationship to the competency of individual clinicians. I fail to see how that will improve professional medical practice.

Yours sincerely

Dr Anthony Mills  
Clinical Haematologist