

11 July 2014

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Dear Dr Katsoris

**Re: Review of core registration standards**

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia for the opportunity to provide comment on the registration standards for:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice.

As you are aware, the RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting and maintaining the curriculum and standards for education, training and quality general practice, and for supporting GPs in their pursuit of clinical excellence and community service.

Registration standard - Professional indemnity insurance

The RACGP supports Option 2 with the move towards clearer *Professional indemnity insurance registration standard* language.

Registration standard - Continuing professional development

1. *From your perspective, how is the current registration standard working?*

The RACGP supports the development of evidence - based standards for continuing professional development.

The RACGP would like to see included in the standard, the rationale explaining why the figure of 50 hours per year, has been chosen by the AHPRA, for a number of the continuing professional development (CPD) registration categories. The number of CPD hours outside of specialist medical college standards, or training programs, can be problematic without a clear rationale.

2. *Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?*

The section 'More information' should be highlighted earlier in this standard. The RACGP recommends that:

- point 1 be moved under the question "Does this standard apply to me?"
- point 2 be moved to the beginning of the document with a question "What does CPD include?" prior to the question "What must I do?"

This is especially important for Category 3 and Category 7 doctors, to ensure that their CPD has practice based elements. In other categories, these will be met by the relevant specialist medical colleges or training programs.

The RACGP recognises that:

- categories 1, 2 and 4 have a quality element with the specialist medical college standard or a training program standard that participants must meet
- category 5 has a supervised component to the CPD, which provides a quality element to the CPD.
- category 6 has a reflective element to ensure that the CPD is focused on the medical practitioner's needs.

It is also noted that there are many doctors in Categories 5 and 7 who are working in particular specialist areas, for example, general practice. If these doctors work in a particular speciality, they should undertake CPD with the relevant specialist medical college. This would provide an additional quality element to the practitioner's continuing professional development. This is not an onerous requirement. For example, many of doctors providing general practice services are already undertaking CPD with the RACGP.

### Category 3

The RACGP believes that the category 3, option 2 which reads "if not in an accredited intern position, must complete a minimum of 50 hours of CPD per year" is lacking a quality component. While many of the doctors in this category would be under supervision with their CPD being monitored, provision needs to be made for medical practitioners not under supervision, to ensure that there are some quality measures in place.

If the information currently listed under "More information" was highlighted earlier in the standard, this would emphasise the importance of quality learning activities being incorporated into continuing professional development.

## Category 7

Category 7 states that as part of their CPD medical practitioners who have general registration only (i.e. do not have specialist registration) “may choose a self-directed program which must include practice-based reflective elements such as clinical audit, peer review or performance appraisal, as well as participation in activities to enhance knowledge such as courses, conferences and online learning.”

The term “may choose” is not a standard, as the word does not require the participant to meet this standard. A standard needs to be a clear measure that the CPD can be assessed against. This wording does not provide such clarity. The language also conflicts with point 2 under ‘More information’ which states that these elements are mandatory.

1. *Is there any content that needs to be changed or deleted in the revised draft registration standard?*

See previous comments on this standard.

Perhaps consider revising dot points 3 and 4 under ‘More information’ changing them to questions and moving them so that they are prior to the ‘Authority’ section to improve clarity and highlight practitioner responsibilities.

2. *Is there anything missing that needs to be added to the revised draft registration standard?*

See previous comments on this standard.

3. *It is proposed that the draft revised standard is reviewed every five years or earlier if required. Is this reasonable?*

The RACGP believes that this is a reasonable time-frame. However, any changes should be supported by evidence, and the evidence needs to be detailed.

4. *Do you have any other comments on the revised registration draft standard?*

The RACGP supports the development of evidence-based standards for continuing professional development.

As previously stated, the RACGP would like to see a rationale included in the standard explaining why the figure of 50 hours per year has been chosen by the AHPRA in some of the continuing professional development registration categories.

## Registration standard: Recency of practice

The RACGP supports the move to improve clarity of this standard.

1. *From your perspective, how is the current registration standard working?*

This current registration standard is working by providing clear guidance for periods of recency.

2. *Is the content and structure of the draft revised registration standard helpful, clear, relevant and more workable than the current standard?*

The RACGP would like to see a rationale for the time periods included in the standards. This should include the evidence-base for these standards.

3. *Is there any content that needs to be changed or deleted in the revised draft registration standard?*

The standard is clear.

4. *Is there anything missing that needs to be added to the revised draft registration standard?*

See suggestions below under question 6 "Other comments".

5. *It is proposed that the draft revised standard is reviewed every five years or earlier if required. Is this reasonable?*

This is reasonable. Further changes should be evidence-based.

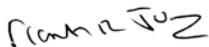
6. *Do you have any other comments on the revised registration draft standard?*

In the interests of clarity the section "More information" should be moved prior to the "Authority" section.

The RACGP supports evidence-based policy and standards should demonstrate their evidence – base.

If you have any questions regarding this submission, please contact Dr Ronald McCoy, Senior Medical Educator, on (03) 8699 0527 or at [ron.mccoy@racgp.org.au](mailto:ron.mccoy@racgp.org.au)

Yours sincerely



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