Chinese Medicine Board of Australia
CPD Guidelines

14 hours Formal CPD

I think that this is too much formal CPD, given that:

- the "informal" options are generally quite formal;
- there is an additional requirement for 4 hours' CPD on "professional matters" but mandatory First Aid/CPR requirements are excluded;
- the total cost involved in going to courses, workshops, conferences, seminars – the time travelling, the expenditure - is considerable; and when does one have an opportunity to actually absorb and reflect on the material? (should read "the relevance (not "the relevant") of your activity to your CPD plan")
- it is likely to encourage "gouging" - more expensive courses, workshops and seminars, because of the government's mandatory requirement;
- some of the informal options would involve quite considerable time to set up e.g. a "community of interest" group, exclusive of the CPD hours;
- the additional requirements for keeping more extensive formal CPD records as per the guideline appendices is time-consuming in itself;
- more and more paperwork is being required;
- formal offerings may not necessarily further an individual's preferred professional direction at the time.

I personally gain significantly from my own private study – reading books or researching other material following on from a seminar, workshop, or in relation to a particular patient – and I may sometimes share the outcomes of this with colleagues and/or seek their further opinions. But I do not wish to have to do this formally.

My current informal activity is very valuable to me as a practitioner, but it is not necessarily based on a "CPD plan" which I specified at the outset of a year. **I would like this informal component to be given equal weight to the formal component.**

Even though I have well exceeded the formal requirements of this guideline, since beginning practice, I would prefer much **more flexibility**, and suggest **not more than 10 hours' formal CPD.**

Clarity of guidelines

I think that audio and video tapes should be included in the formal requirements, because in essence these are presentations: many are recordings of past seminars, lectures or workshops.

I think that the guidelines are too much weighted towards "evidence-based medicine", e.g. developing evidence-based practice resources; evidence-based research.

So far, some of my most valuable continuing professional development activity, which is aimed at improving the quality of care I can offer generally or to a particular patient, has been from:

- personal research and reading, or

- attending workshops to gain practical information and develop skills, or
- (sometimes unplanned, fortuitous, completely informal) opportunities for observing and interacting with much more experienced practitioners.

These materials or experiences do not relate to "evidence-based medicine".

With regard to a "CPD Plan", I have some specific and general objectives in mind that I will try to follow through, but I also have completely "unplanned" components, which can be a response to what I encounter as a practitioner or which may depend on what is being offered or is available to me at the time.

I am very concerned that the CPD guidelines and examples are too heavily weighted towards:

- evidence-based medicine,
- providing bureaucratic "proofs",
- maintaining additional, time-consuming written records and
- conventional biomedical examples.

The actual activities in the example given do not really reflect one of the three main stated objectives: e.g. to "expand my knowledge and skills in the area of musculo-skeletal pain management", the outcome being "a new treatment regime" that apparently benefited the local squash court "client group". The only activity in the example which might have any bearing on this is an informal activity of 2 hours spent reading a journal (AJACM) on current developments in Australia and "great article on acupuncture research for arthralgia"?

I am very disappointed to see that the examples are narrowly expressed in terms of western biomedicine and would like to see examples more related to and conversant with TCM and Japanese styles of acupuncture and oriental medicine, for example, as an acupuncturist, aspects of my professional scope and expertise of interest to me include the benefits of certain Chinese or Japanese (Sotai) exercise therapies for treating musculo-skeletal pain/dysfunction, developing Japanese moxibustion skills and their application to specific conditions, the rationale and application of meridian therapy, pulse-taking methodologies, abdominal palpation techniques, cosmetic acupuncture methodologies, auricular acupuncture as a primary or an adjunct treatment.

Retain records for 5 years

I think that this is excessive: some proofs – i.e. receipts - will be kept anyway as taxation records for five years.

As the CMBA will only enable 3 years' registration from the outset, I think that 3 years' retention of records coinciding with the current three year registration period is sufficient. Audits or investigations, e.g. for PI insurance matters, should not apply to periods preceding this. In the event of someone discontinuing or retiring from practice, then records should be kept for a period of three years afterwards.

The only circumstances in which I could see any value in keeping CPD records for a longer period would be if a practitioner needed to substantiate practice during 5 of the

past 10 years for some sort of "grandfathering" purposes, for example, in the event of a substantial interruption to practice, e.g. illness, family responsibilities, overseas travel/practice/education.

CPD timeframe up to & including 30 November 2012

The example given in the CMBA guidelines applies to the year following registration.

Please advise the CPD timeframe which must be documented for the initial incomplete period of registration from 1 July to 30 November 2012. I assume that another application must be submitted for annual registration and more evidence must be given to continue registration, assuming that it is granted as of 1 July, and that this must be made sometime before 30 November, 2012 to enable all applications to be processed before that date?

Up till attending the CMBA information session, I did not know that registration only applied until 30 November 2012. I wrongly assumed registration would be approved for 3 years and granted for the financial year ending 30 June 2013. Accordingly I planned this year's CPD activities primarily on attending the national conference. At this stage, I do not wish to have to pay for more seminars, workshops after 1 July to comply with more CMBA CPD requirements before 30 November 2012.

In the hope that my registration is approved, I sincerely hope that the next form for annual registration will be simpler and less onerous in requiring supporting evidence.

My AACMA CPD period for which I must produce 20 CPD points applies to the year ending 30 December 2012. AACMA includes First Aid/CPR.

To be fair, I believe that my CPD points should be counted for this year from at least the beginning of 2012, preferably from 1 December 2011, to 30 November 2012 for CMBA CPD purposes. This would exclude CPD evidence already submitted for my application for registration before 30 March 2012, but would include the considerable time so far spent on reading, absorbing, commenting on the requirements & guidelines, attending an information session and applying for national registration. All this time far exceeds the required CMBA "professional matters" component.

Based on my understanding of AACMA's and CMBA's guidelines, I paid "early bird" rates in February to attend AACMA's annual conference, which is being held in my "local" capital city this year at the end of May. Attendance will more than meet the CMBA guideline for total CPD hours, formal hours and probably also, again, the "professional matters" component.

Please clarify the CPD timeframe for the initial incomplete registration period?

Thank you.

Sincerely,

P. Terry