



CPD requirements — non-clinical registration

To the Editor: I would like to support the sentiments expressed by Dr Lang.¹ I have had a similar experience.

I retired from surgical practice at the end of November 1998, and subsequently attended a few congresses that took my interest. I did not complete any of the CPD questionnaires as I felt it was not necessary because I was retired. I subsequently received a letter from the Registrar of the Health Professions Council informing me that my name would be summarily be removed from the Register as I did not have sufficient CPD points. I considered this letter to be high-handed.

When I claimed expenses from the Receiver of Revenue for congresses attended this was refused on the grounds that I was retired and no longer needed to attend such meetings. I subsequently asked for my registration with the Council to be cancelled. By doing this I have achieved some saving, but I would have preferred to have been able to remain on the Register in a similar capacity to that suggested by Dr Lang. By no longer being on the Register I am even precluded from *pro deo* teaching.

I find the attitude of the Council to be short-sighted and unfortunate. A type of registration allowing some form of practice for a relatively nominal yearly registration fee would probably encourage those who have retired to remain on the Register and participate in medical matters, even if it is to a limited extent, as well as, for example, providing a pool of medical help during a possible emergency situation.

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1. Lang CMF. CPD requirements — non-clinical registration (Briewe). *S Afr Med J* 2003; 93: 10.

To the Editor: I concur fully with the contents of Dr Lang's letter in the January 2003 *SAMJ*.¹

I too have received a notice from the Registrar of the Health Professions Council because I have not obtained points in Ethics, and therefore face de-registration in spite of obtaining more than the 80% clinical points through the *SAMJ* and *CME* journals.

My wife and I have both been put on chronic medication by our medical doctors. This requires monthly prescriptions which I am allowed to write out until we report back to the specialists (gynaecologist, urologist, physician, cardiologist) for yearly renewal if necessary.

Our doctors are quite satisfied and actually welcome the fact that I do not have to make appointments only to have prescriptions repeated.

Like Dr Lang, I too request that I at least retain the right to prescribe for myself and my immediate family.

Does SAMA have any plans to help Dr Lang, myself and other medical practitioners who will find themselves in the same predicament, or does SAMA act on the assumption that we will all fade away and die — problem solved?

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1. Lang CMF. CPD requirements — non-clinical registration (Letter). *S Afr Med J* 2003; 93: 10.

Aged but not out?

To the Editor: I would like to support Dr Lang in his recent communication.¹ I am 78 years of age, and qualified in 1947. Although 98% retired, I still feel fully capable of treating arthritis, acute asthma, bronchitis, mental tension, anxiety, acute angina, pimples and sore throats, etc. I would not choose to do confinements or complicated operations. Surely so long as we don't have Alzheimer's or very poor eyesight, we should be allowed to continue with clinical practice? Surely our experience counts for something?

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1. Lang CMF. CPD requirements — non-clinical registration (Letter). *S Afr Med J* 2003; 93: 10.

Die klug van sogenaamde VPO-punte

Aan die Redakteur: Die oorspronklike konsep en idee agter die verdien van VPO-punte berus op 'n edele motief, nl. die aaneenlopende opleiding van geneeshere om hulle in staat te stel om op hoogte te bly van veranderinge in die mediese profesie en sodoende hul pasiënte van die beste diens te voorsien.

Lank vóór die puntstelsel het toegewyde geneeshere gereeld lesings, kursusse en kongresse bygewoon, en sou op hierdie manier baie meer punte verdien het as wat nou vereis word.

Intussen het daar egter 'n 'gogga' ingekruip, nl. 'n lys wat maandeliks in die *SAMJ* gepubliseer word, waar 'n mens klein blokkies kan invul en sodoende omtrent die helfte van jou jaarlikse puntetotaal kan verdien terwyl jy agter jou lessenaar sit.



Moontlik was die idee nie so sleg nie, behalwe as 'n mens die materiaal wat in die SAMJ aangebied word in ag neem. Dit is sekerlik nie van groot waarde wat die gemiddelde algemene praktisyn nie en beslis nie van waarde vir gespesialiseerde geneeshere nie.

Nie dat ek enigsins die SAMJ wil afkraak nie, maar slegs die waarde daarvan betwyfel sover dit voortgesette opleiding betref.

Tans kry ons die 'gogga' dat vier of meer praktisyns saamspan: een lees die SAMJ, en hulle vul dan as 'n groep die vraelys in. Dit wil voorkom of daar op die Rand (Gauteng sentraal) selfs 'n diens bestaan wat die antwoorde verskaf.

Ek dink dat ons die bal heeltemal mislaan deur iemand toe te laat om in sy/haar studeer- of sitkamer, binne 'n paar minute, 'n vraelys te voltooi wat hom/haar sodoende in staat stel om die helfte van die VPO-punte te verdien. Dit is beslis 'n onding.

'n Geneesheer moet een maal per jaar 'n nasionale kongres bywoon en minstens een maal in vyf jaar 'n internasionale kongres in die buiteland, al is dit net vir die besondere stimulasie wat so 'n kongres bied. Geneeshere moet ook al die mediese lesings wat in hul omgewing aangebied word, bywoon. Hulle sal vind dat selfs in die vraag-en-antwoord-sessie daar geweldige wisseling van feite en gedagtes plaasvind — inligting wat jy nie gaan kry deur die invul van 'n vorm in jou studeerkamer nie.

Opsommend, die stelsel van akkreditasie-punte wat verdien kan word deur die invul van hierdie 'monkey puzzle' is oop vir misbruik en behoort beëindig te word. Dit

doen afbreuk aan die oorspronklike konsep.

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An update on the CPD situation by Dr Ivan McCusker, chairman of the CPD Committee of the Medical and Dental Professions Board, appears on p. 424 of this issue. Editor