Whither CPD? Let common sense prevail

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The process of lifelong learning has always been part of the ethos of a physician. So why did we feel so threatened when the process was formalised under the title of Continuing Professional Development (CPD)? Was it a fear of the unknown, the sheer burden (boredom perhaps?) of documenting one's daily educational activities? Or was it the fact that many of us felt that there was no evidence that this documentation would lead to an overall improvement in our clinical outcomes? Good doctors will always want to learn and search for answers, but would a CPD scheme aid the poorly performing or bored doctor to achieve a better standard of practice? After all, this documentation was only a pursuit of acquiring credits with no mention of the actual 'quality' of the educational activities or its relevance to day-to-day practice. Many of us felt that the best CPD – unclaimable on the current system – was obtained by talking to our colleagues outside the lecture theatre and, dare I say it, in the pub!

Nevertheless the last six years, since we started our first CPD scheme, has given us much information. We have set the credit limits to an easily obtainable minimum of 50 credits (1 hour = 1 credit) and approximately 75% of our physicians joined this voluntary scheme with the majority meeting the minimum target.

However, we are in an era of accountability, openness and clinical governance – and about time too! Whilst much of this may be a corporate responsibility, we need revalidation to show some personal individual evidence of keeping up to date. There is no good way of demonstrating this, but it is imperative that we move away from just credit counting. We need a system that is flexible and allows for the different ways doctors learn, taking into account our personal preferences and different working patterns.

We need a process of reflection and self-accreditation, yet one that is robust enough to meet the standards demanded by our patients.

Over the last two years we have been piloting various types of scheme. A group of diabetologists has evaluated the Canadian (online) Maintenance of Competence (MOCOMP) scheme, which is partly reflective. Peer-reviews have been conducted by some Specialty Societies, and participating physicians have been given accreditation on an individual basis. We also developed, for a pilot, CPD online using real clinical case scenarios.

Our learning needs, however, are not just our own. Not only do we need to fulfil the requirements of our professional bodies, but we also have to address the demands of our local Trust, Primary Care Groups/Trusts and other employers. These latter demands may not be of our choosing but should result in better care for our patients.

So how organised do we need to be? The Royal College of Physicians has been proactive in developing a CPD scheme that will fit into the revalidation process. Each physician will be able to lay his/her CPD evidence on the table during the early appraisals at a local level. Thus our new scheme has been designed to reflect the actual working roles of each individual physician wherever their work place might be. The various ways in which an individual prefers to learn will be accommodated. It will be both practical and flexible and robust enough to document evidence of participation.

Our training grades have a structured system with a syllabus, which we hope is delivered in an organised fashion and is subsequently assessed. So should we also be following a similar system for CPD? *Clinical Medicine*, the RCP journal, has been publishing Continuing Medical Education (CME) updates on a rolling programme. These articles have been well received by Members and Fellows, as have the accompanying self-assessment questions with credits towards CPD accounts. These articles have been practical and given a sound scientific background to aid learning.

Currently, with the Editor of the journal Dr Peter Watkins, we are planning the programme to complement the new CPD scheme. We will be visiting each of the specialities over a five-year period, covering a different aspect of General Internal Medicine in each issue. The articles will be review topics and the self-assessment questions will be based on case scenarios, as encountered in everyday practice. The question of 'formal' assessment, as part of the CPD scheme requirements, is still under review. We feel that it may well be required of us in the future and therefore, it would seem sensible to consider various methods that would prove to be of educational benefit.

We are well aware of the various 'non-clinical' roles of physicians. Not only does a physician need to be a doctor but also s/he needs to have the skills for teaching, research, management, interviewing – let

alone the endless hours spent in committee work. Clearly we need a balance of 'work versus personal development'. With current busy work loads a physician needs to be given time and the resources to enable CPD to be effective. The requirements of an individual will change over a career of three decades or more; thus mechanisms for enabling this evolving CPD will need to be addressed.

In a time of such rapid and fundamental changes in the roles of physicians, and the demands of patients and society at large, the College's role in supporting physicians has never been greater. With the launch on 1 April 2001 of our new CPD scheme (full details of which may be seen on the College website), we are providing improved support both for physicians engaging in lifelong learning, and for the outcomes they strive to attain.

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