To consider

**Guidance on Continuing Professional Development**

**Issue**

1. The publishing of *Guidance on Continuing Professional Development*.

**Recommendation**

2. To endorse the *Guidance on Continuing Professional Development* for publication.

**Further information**

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Background

4. The Education Committee has a statutory duty to promote high standards and co-ordinate all stages of medical education. The GMC has published recommendations and guidance on undergraduate education (Tomorrow’s Doctors), the current year of provisional registration (The New Doctor) and Senior House Officer training (The Early Years).

5. We have yet to publish specific guidance on Continuing Professional Development.

6. At the internal conference in February 2001, the Council endorsed the creation of the CPD Board that, under the Education Committee, would look at the continuum of medical education and produce a framework for CPD in the United Kingdom.

7. The CPD Board was chaired by Professor David Hatch.

8. In February 2003, the Education Committee agreed that we should publish draft guidance for formal consultation. The consultation period ran from the beginning of March 2003 to the end of May 2003.

9. In October 2003, the Education Committee approved the amended guidance and agreed that the guidance be put to the Council with a recommendation that it be published.

Discussion

Purpose of the guidance

10. The draft guidance aims to help doctors to understand their duty to keep up to date after completing formal education and training.

11. The guidance links to Good Medical Practice which requires of all doctors: ‘you must keep your knowledge and skills up to date throughout your working life’.

12. The guidance:

   a. Emphasises the importance of high quality patient care.

   b. Reinforces the responsibility of doctors to keep up to date and provides generic advice on how to do this.

   c. Helps patients and the public to understand the professional obligation that doctors have to keep up to date and how doctors might fulfil this obligation.

   d. Helps organisations to appreciate the benefits to patients of a working environment that encourages continual learning among doctors.
e. Articulates some modern educational principles and their place in the working environment. These include:

i. Patient centred learning – learning should be linked to patients’ needs and the wider needs of the population

ii. Learning centred on the needs of the doctor – doctors should be encouraged to learn in areas that are relevant to their practice.

iii. Inter-professional learning – doctors should explore opportunities for learning from other health professionals and agencies.

iv. Change in medicine and the methods of delivery of patient care – the potential of medicine is expanding fast and the structure and environment of the NHS can change rapidly. Doctors should know about these changes to ensure that they can provide the best care for patients.

v. The importance of promoting equality and valuing diversity among patients and staff, trainers and trainees.

Consultation process

13. Our consultation document was published on our website and also sent to a number of organisations representing patients and the public, doctors in general, doctors who may find access to CPD opportunities particularly difficult, inter-professional organisations and organisations representing other health professions.

14. Responses were received from groups in each of these areas.

15. The responses to the consultation were positive. The responses were analysed and the guidance redrafted to take account of the ideas suggested by those who responded. A summary of the comments is available from Fiona Browne (020 7344 3967 or fbrowne@gmc-uk.org).

Process for finalising and publishing the recommendations

16. The revised guidance is at Annex A. This benefits from advice from Professor David Hatch, who chaired the CPD Board.

17. During the revision process the Plain English Campaign (PEC) has helped to edit the draft text to improve its clarity. Our aim is to get a PEC crystal mark for the final publication.

Recommendation: To endorse the Guidance on Continuing Professional Development for publication.
Resource implications

18. Once approved, the guidance will be printed and made available to organisations interested in CPD and to patient bodies. The cost of publishing the guidance is £2 500. In line with our normal practice the guidance will also be published on our website at www.gmc-uk.org

Equality implications

19. We have actively sought and received responses from organisations representing doctors who may have difficulties in gaining access to CPD opportunities. We have formulated our guidance with this in mind.

Charitable status and charity law

20. This paper’s recommendations are compatible with charitable status and with charity law.
Guidance on Continuing Professional Development

Introduction

What is Continuing Professional Development?

1 Continuing Professional Development (CPD) is a continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of their practice. (Throughout this document, ‘practice’ includes all the professional roles that doctors currently perform and those that they plan to perform.) CPD should also encourage and support specific changes in practice and career development. It has a role to play in helping doctors to keep up to date when they are not practising.

Context

Regulation

2 Our Education Committee has a duty to promote high standards in, and to co-ordinate all stages of, medical education.

3 As we have set out in paragraph 10 of Good Medical Practice (September 2001):

   ‘You must keep your knowledge and skills up to date throughout your working life. In particular, you should take part regularly in educational activities which maintain and further develop your competence and performance.’

4 Doctors are responsible for keeping themselves up to date in all areas of their practice. Revalidation will require doctors to show us that they are up to date and fit to practise medicine. When revalidation is introduced in 2005 onwards, all doctors will need to demonstrate regularly that they are doing this. CPD allows doctors to demonstrate that they are maintaining their skills in their practice. It also allows doctors to develop professionally and to learn from more informal experiences that are not part of the revalidation process.

5 It is for these reasons that CPD is important. Doctors should use lifelong learning to make sure that they remain competent in their practice.
Culture and environment

This guidance promotes combined support for both formal and informal CPD opportunities by doctors, professional colleagues and organisations that doctors work within. This support may be direct or indirect. It might include recognising the importance of creating and maintaining a learning environment within which CPD can take place.

What doctors learn at medical school and during postgraduate training needs to be updated throughout their careers to reflect changes in practice. CPD should encourage and motivate doctors to learn. It should be closely related to each doctor’s individual needs, ambitions and personal learning styles. This focus on the doctor’s learning needs will support changes and improvements in practice.

The ultimate purpose of CPD is to contribute to high-quality patient care. As a result, CPD should take into account the needs and wishes of individual patients.

Doctors should also reflect changes in the needs and attitudes of modern society as a whole. This focus should shape CPD experiences or activities.

Modern healthcare is provided through a complex system within a constantly-changing environment. Partnerships are created between disciplines, professions, agencies, organisations, patients and the public. Communication and co-operation are important for improving healthcare for patients. CPD opportunities should take into account the environment within which medicine is practised.

The need to promote equality and value diversity underpins all stages of patient care. Every decision made should take it into account.

This concept relates directly and indirectly to patient care. For example, doctors must not allow their views about patients to influence the treatment that they provide or arrange for them. And they must not allow their views about their colleagues to influence the way that they respect and treat them.

Who is this guidance for?

This guidance is designed to help:

a. Doctors considering how to maintain and improve their practice.

b. Doctors having their yearly appraisal at work.

c. Doctors having their licence to practise revalidated by us.

d. Doctors considering a change in their career.

e. Doctors performing professional roles (including teaching, research and clinical practice) as each of these roles has a part to play in high-quality patient care.
f. Professional colleagues involved in helping doctors maintain and improve their practice (for example, through appraisals or mentoring).

g. Individuals and organisations which provide specific development opportunities such as courses or programmes (including medical royal colleges and faculties, higher education institutions, medical schools, postgraduate deaneries, NHSU, specialist organisations, doctors’ employers and organisations in which doctors work).

h. Organisations which monitor the quality of what individuals do to maintain and improve their practice.

i. Organisations working together to share existing frameworks and to develop new frameworks within which CPD may take place.

j. Organisations that doctors work in which will have an interest in making sure the workforce is up to date.

Principles for CPD

14 CPD springs from and is a vital influence on professional life.

15 The way in which individual doctors take part in CPD will depend on:

a. Their specialty.

b. The opportunities available.

c. Their priorities.

d. Their personal learning styles and preferences.

We encourage this diversity, as without it CPD activities would be less effective.

16 There are, however, certain principles that those involved in CPD may want to bear in mind:

a. CPD contributes to improved patient healthcare and to a healthier society.

b. Each individual is responsible for taking part in and recording their own relevant CPD activities.

c. CPD also helps doctors to improve their professional effectiveness, career opportunities and work satisfaction.

d. CPD should cover all areas of Good Medical Practice. Doctors should keep up to date in all areas of their practice.
e. Doctors should also recognise when unexpected opportunities for CPD arise and should allow time to consider and discuss these opportunities informally. A range of different activities will normally be suitable.

f. CPD should also include public and patient involvement. For example, patients and the public should be involved in developing CPD schemes, setting standards and monitoring quality. Doctors must be up to date with what patients and the public expect.

g. Doctors should discuss and review their CPD with others. Yearly appraisal gives a formal, structured opportunity for doctors to discuss their CPD needs. Appraisal provides a way of making sure that any CPD identified is relevant to a doctor’s practice and learning needs. Doctors should use personal development plans to make sure that they, their organisations and patients benefit as much as possible from their CPD.

h. Assessment measures should be used for part of doctors’ CPD. These measures should allow doctors to be clear about how they are developing. They will help the individual doctor to judge their progress. Valid and reliable assessment tools and systems are still developing. (Indeed, developing these tools would be a valuable CPD activity for doctors.)

Content of CPD activity

17 Individual doctors need to keep themselves up to date in all areas of Good Medical Practice. These are:

- Good professional practice.
- Maintaining good medical practice.
- Relationships with patients.
- Working with colleagues.
- Teaching and training.
- Proby.
- Health.

18 Appendix 1 sets out examples of where CPD opportunities could improve practice against each of these headings.

19 What doctors do in their CPD should be relevant to their practice, so should:

a. Take into account the context and environment of their practice.

b. Explore the benefits of learning across professional disciplines and boundaries.

20 Most doctors have always carried out CPD activities and identified experiences and opportunities for CPD in their work. Doctors must recognise the need to record enough CPD to meet appraisal and revalidation requirements.
21 Doctors should think carefully about all their learning experiences to help them provide the highest quality patient care. To maintain and improve their practice doctors must be involved in different types of activity. They must also be able to recognise opportunities for CPD in their professional lives.

22 Doctors can learn from colleagues and patients in many ways, both formal and informal.

a. Formal opportunities can include:
   - Yearly appraisal.
   - Shadowing the work of others.
   - Being involved in clinical and professional supervision.
   - Attending multidisciplinary team meetings.
   - Visiting centres of excellence.
   - Being or using a mentor.
   - Learning from patients.

b. Doctors should recognise opportunities to develop through colleagues and patients. This kind of experience cannot always be measured or assessed, but it may still provide valuable learning experiences.

23 Doctors should be aware of statutory regulations and good practice relating to all areas of discrimination. They should be sensitive to issues of race, sex, disability, religion, culture, age, sexuality, ethnic origin and nationality. And they should apply these issues to all areas of their professional lives.

24 CPD also underlines the importance of doctors looking after their own health. Doctors may find it difficult to develop personally or professionally if they are ill.

The role of organisations

25 Doctors will normally look to a relevant organisation for help with CPD. These organisations can provide advice on what to do and how to collect the evidence required. They can also help doctors to confirm that they are taking part in CPD in a suitable way.

26 There are several different ways in which organisations might be involved. These include:

   a. Providing generic and specialty specific guidance.

   b. Assessing or recognising courses.

   c. Providing colleagues of the same professional level who can monitor CPD activities and confirm that they have been carried out.

   d. Confirming that the activities were suitable for CPD.
Organisations can provide guidance on areas such as:

a. The knowledge, skills, attitudes and behaviour expected of a doctor.

b. The commitment that it would be sensible to make to different areas of CPD.

c. The different ways in which doctors can assess their own areas of strength and highlight areas of personal development, so that they can make the most effective use of CPD for themselves and for patients.

d. The professional standards expected within a specialty.

e. How to benefit from the knowledge and experience of colleagues within a specialty, from other disciplines, professions and agencies, and from patients.

f. The different methods of taking part in CPD, including distance learning and flexible learning.

Professional organisations can formally recognise a doctor’s CPD activities. They are developing systems which will allow them to check that a doctor has taken part in the activities they claim and that these activities are suitable.

The Academy of Medical Royal Colleges has published a helpful framework for involving royal colleges in CPD. This framework has been approved by all the medical royal colleges. It provides the opportunity to adopt a standard approach to CPD across specialties. Medical schools and higher education institutions also provide helpful courses.

The role of organisations that doctors work in

Employers and organisations that doctors work in should recognise the benefits of allowing enough resources for doctors to carry out CPD activities.

Resources, such as time to think and access to on-site educational facilities, should be available to all doctors to allow them to develop professionally.

Opportunities for doctors

It may be more difficult for some groups of doctors to attend formal CPD activities or to find opportunities for CPD in their professional life. These groups include:

a. Doctors who are not working full time.

b. Doctors working outside managed institutions.

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c. Doctors in locum posts.

d. Doctors outside the training grade structure.

e. Doctors who have limited access to medically qualified colleagues.

33 Doctors must make sure that they are competent to carry out their work. Although it can be difficult to find opportunities for CPD, there are organisations that can help.

34 Many organisations can offer CPD opportunities to doctors and there are different ways in which doctors can take part in CPD. These include flexible working, distance learning and on-line learning. Advice is available from the organisations mentioned in this guidance.
Good Medical Practice and Continuing Professional Development

Doctors must keep up to date with professional duties in all areas of Good Medical Practice and other guidance which we publish. This guidance is available at www.gmc-uk.org. This appendix sets out areas of knowledge, skills, attitudes and behaviour that doctors could keep up to date through CPD under each of the seven headings of Good Medical Practice. However, these examples do not provide a complete list of the areas in which doctors should keep up to date.

1 Good professional practice

a. The principles of good medical practice and the standards of competence, care and behaviour expected of doctors in the UK as set out in our guidance.

b. The environment in which medicine is practised in the UK.

c. How mistakes can happen in practice and the principles of managing risks.

d. The clinical, basic, behavioural and social sciences on which medical practice is based.

e. The ability to perform clinical and practical skills safely in line with current standards.

f. Recognising personal and professional limits and being willing to ask for help when necessary.

g. Recognising the duty to protect patients and others by taking action if a colleague’s health, performance or behaviour is putting patients at risk.

2 Maintaining good medical practice

a. Acquiring and using new knowledge to update practice and adapting to changing circumstances.

b. Audit principles and the importance of using audit results to improve practice.

c. Being willing to respond positively to the results of appraisals, performance reviews and assessments.

d. Shared learning across professional boundaries.
3 **Relationships with patients**

a. The rights of patients, for example, to be fully involved in decisions about their care (including the right to refuse treatment or to take part in teaching or research).

b. The ability to communicate effectively with individuals and groups.

c. The moral and ethical responsibilities involved in providing care to individual patients and communities.

d. Respecting patients whatever their lifestyle, culture, beliefs, race, ethnic origins, sex, sexuality, disability, age, or social or economic status.

e. The duty to understand and deal with patients' healthcare needs by consulting them and, if necessary, their relatives or carers.

4 **Working with colleagues**

a. The roles and expertise of other health and social-care professionals.

b. Effective team-working, management and, if necessary, leadership skills.

c. Treating colleagues fairly, avoiding discrimination, valuing difference and not allowing views of colleagues' lifestyle, culture, beliefs, race, ethnic origins, sex, sexuality, disability, age, or social or economic status to affect the professional relationship.

d. The principles and organisation of the service in which the doctor works (if any), and how care is managed.

5 **Teaching and training**

a. Suitable teaching skills.

b. Being willing to teach colleagues and to develop their own teaching skills.

6 **Probity**

a. Professional ethical duties in relation to probity as set out in *Good Medical Practice*. These cover:

   • Providing information about services.
   • Writing reports.
   • Giving evidence.
   • Signing documents.
   • Research.
   • Financial and commercial dealings.
• Conflicts of interest.
• Financial interests in hospitals, nursing homes and other medical organisations.

b. Professional ethical duties (as set out in other guidance from us).

c. Professional ethical duties (as set out in publications from other organisations).

7 Health

a. Professional ethical duties in relation to each doctor’s health.

b. The health hazards of medical practice, the importance of their own health, and the effect that their health has on their ability to practise safely and effectively as a doctor.