Continuing Professional Development – Supporting the Delivery of Quality Healthcare

I Starke,[1] *MD, MSc, FRCP*, W Wade,[2] *BSc (Hons), MA (Education), MA (Curriculum)*

Abstract

Patients and the general public have a right to expect that doctors remain up to date and are professionally competent. The ultimate aim of continuing professional development (CPD) is to contribute to high-quality patient care. The General Medical Council in the UK has published guidance in relation to standards for CPD, appraisal and revalidation. Doctors in the UK participate in an annual appraisal, the outcome of which is the development of the Personal Development Plan. This paper describes a framework for effective CPD and includes methods of self-assessment of clinical practice. Contributions to effective CPD come from 3 sources – doctors, CPD providers and accrediting bodies. The CPD system of recording credits currently in use by the Royal Colleges of Physicians in the UK is also described.

Ann Acad Med Singapore 2005;34:714-9

Key words: Appraisal, Personal development plan, Royal Colleges of Physicians

Introduction

In this paper, we will consider the expectations of patients and the general public in the United Kingdom regarding their healthcare, and the advice given by the General Medical Council (GMC) in their publication *Good Medical Practice*, which has become fundamental in the setting and monitoring of clinical standards in the UK.

We will describe how the structure of the annual appraisal process is built upon *Good Medical Practice*, and how an effective appraisal will lead to agreement on the individual doctor's Personal Development Plan (PDP) for the year ahead. We will discuss the differences between Continuing Medical Education (CME) and Continuing Professional Development (CPD), and how these processes may be used to meet the educational objectives of the PDP.

We will describe the system currently in use by the Federation of Royal Colleges of Physicians to support the CPD of its fellows and members, and discuss ways of demonstrating that the CPD system is effective in achieving its objectives.

Expectations of Patients and the Public of their Doctors

The GMC has stated that patients and public have a right to expect that their doctors will be up to date and professionally competent. This is evaluated against the 7 domains of *Good Medical Practice*:

- Good clinical care;
- Maintaining good medical practice;
- Relationships with patients;
- Working with colleagues;
- Teaching and training;
- Probity; and
- Health.

The GMC proposed to introduce a formal system of revalidation in April 2005, based on the achievement of satisfactory annual appraisal, but this has been held up, pending the publication of Sir Liam Donaldson's report on the subject.

In the meantime, a process of relicensing has been added to that of revalidation of registration. Doctors receive a license to practise when they are registered, and a number

[1] Director of CPD
Federation of Royal Colleges of Physicians, UK
[2] Director of Education
Royal College of Physicians of London, UK
Address for Correspondence: Mrs Winnie Wade, Director of Education, Royal Colleges of Physicians of London, 11 St Andrews Place, Regent's Park, London NW1 4LE, United Kingdom.
Email: winnie.wade@rcplondon.ac.uk

of privileges attach to the license. It is likely that all doctors wishing to retain their license to practise will have to revalidate periodically. They will have to prove, every 5 years, that they remain up to date and fit to practise; and have been practising in line with *Good Medical Practice*. The details on how this will be assessed is likely to emerge from the Donaldson Report.

CPD, CME and the Links with Revalidation

A number of possible definitions of CPD exist. The Academy of Medical Royal Colleges in the United Kingdom defines CPD as "A continuing process, outside formal undergraduate and postgraduate training, that allows individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour. CPD should also support specific changes in practice." The Royal Colleges of Physicians use this simpler definition: "CPD is the educative means of updating, developing and enhancing how physicians apply the knowledge, skills and attitudes required in their working lives."

In April 2004, the GMC in the UK published guidance on CPD in relation to its place in appraisal and thus in the revalidation process. They recommended that:

- CPD should cover all areas of professional practice undertaken by the individual doctor;
- CPD should cover all 7 domains of *Good Medical Practice*;
- Organisations (such as the Royal Colleges) should advise on content of CPD and evidence of participation;
- Organisations should be able to confirm participation;
- The appraisal process should ensure the relevance of CPD through the PDP;
- Doctors must record enough CPD to meet appraisal and revalidation requirements; and
- There should be public and patient involvement in planning, standard setting and monitoring of CPD.

Roles of the Royal Colleges

Currently, the Royal Colleges of Physicians in the UK set clinical standards for the profession and educational standards for CPD. We recommend how CPD may be undertaken effectively and we provide quality assurance through the approval/accreditation of CPD events and materials. We maintain a database of approved events and a record of individual CPD activity, and we carry out an annual audit to verify claimed individual CPD activity.

To be effective for revalidation, CPD must therefore be:

- able to meet educational and development needs in all domains, both clinical and non-clinical, requiring a comprehensive range of events/products;
- available to all practising doctors following the completion of training;
- accessible and timely to meet the needs identified in the PDP;
- of high educational quality, supported by a robust approval process, and the systematic use of feedback;
- verifiable using appropriate audits of attendance;
- of demonstrable effectiveness in terms of the performance and change in performance of doctors; and
- seen as robust and effective by public/politicians, requiring transparency of structure, process, and outcome.

The interrelationships between appraisal, personal development planning, appraisal and revalidation are summarised in Figure 1.

The Role of Appraisal and the Personal Development Plan (PDP)

Appraisal and CPD

The ultimate aim of CPD is to contribute to high-quality patient care. Learning in undergraduate and postgraduate training needs to be updated throughout a doctor's career to reflect changes in practice. The annual appraisal is the vehicle for revalidation. Learning needs are discussed at the annual appraisal and are a way of ensuring that CPD is relevant to a doctor's practice. This focus on learning needs will support changes and improvements in practice. During the appraisal, evidence of participation in CPD is discussed. However, the question which needs to be addressed is, "Is CPD meeting the needs of doctors?"

The PDP – What is It?

The outcome of appraisal is the PDP, a written document which identifies key learning objectives for a defined period ahead (Fig. 2). It is important to note that learning "needs" should be recorded in the plan rather than what the individual doctor wishes to learn. What we need is <u>not</u> always what we learn about. Through the PDP, the doctor will address the questions, "Where am I now?" and "What do I want to achieve?". The plan includes identification of

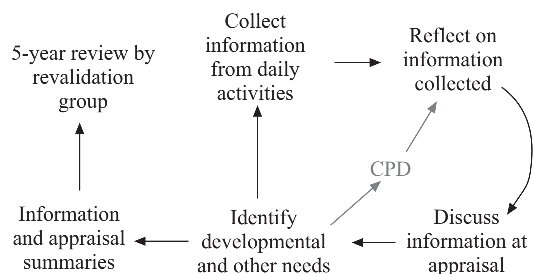

Fig. 1. Continuing professional development, appraisal and revalidation.

What development needs have I?	How will I address those needs?	Date by which I plan to achieve the development	Outcome	Completed
Explain the need	Explain how you will take action, and what resources you will need	The date agreed with your appraiser for achieving the development goal	How will your practice change as a result of the development activity?	Agreement from your appraiser that the development need has been met
1.				
2.				
3.				

Fig. 2. Example of a Personal Development Plan template.

What development needs have I?	How will I address those needs?	Date by which I plan to achieve the development	Outcome	Completed
Training in management of complaints	Attend in-house training	March 2004	Improved understanding	Achieved
Improve appraisal skills	Attend training course Ask trainees for feedback	April 2004	Better understanding of appraisal	Course attended
Obtain feedback from patients	Ask patients to complete patient survey	July 2004	Improved awareness of patient perspectives	Completed
How to be an effective Educational Supervisor	Attend training course	Sept 2004	Improved Skills	Course attended as planned

Fig. 3. Example of a completed Personal Development Plan.

how these objectives (Fig. 3) will be fulfilled and how their achievement will be evaluated. Objectives from the previous year are reviewed during appraisal.

Appraisal and *Good Medical Practice*

Evidence of achievement within each of the 7 domains of *Good Medical Practice* is discussed at the annual appraisal meeting.

Good Clinical Care

This covers the range of clinical work undertaken in the previous 12 months. The types of evidence discussed can include audit data with outcomes and their comparison to national standards, details of any formal complaints and how they have been dealt with. It is helpful to include analyses of critical incidents; how, for example, a patient has been managed and how the process could be improved. This falls within the area of clinical governance.

Maintaining Good Medical Practice

Evidence within this domain would include examples of participation in CPD in clinical and non-clinical areas. Attendance at appropriate courses and individual development activity should be identified. It is appropriate within this domain to include any publications and contributions to conferences and meetings. Participation in College or Specialty Society activities is relevant here.

Teaching and Training

Many doctors will have a teaching or educational supervisory role and feedback from those taught should be sought and included as relevant evidence under this area.

Working with Colleagues and Relationships with Patients

Multisource feedback (also known as 360° assessment) and patient satisfaction questionnaires are validated methods of assessing teamwork and communication skills. Data

from these assessments provide a good basis for discussion at the appraisal meeting. Aspects to explore in the appraisal meeting which relate to outcomes from the assessments might cover any difficulties that have arisen in communication with colleagues, how these have been dealt with and what has been learnt as a result.

Probity and Health

Doctors have a responsibility to identify any problems which might affect their fitness to practise. This will be done via a self-declaration.

CPD Structure and Organisation

CPD provides a systematic and coherent approach to continuing education, which includes the narrower remit of CME as well as the acquisition of professional skills. CPD meets the identified learning needs for all the roles of a consultant through a range of educational methods. Ideally, CPD should promote a culture of curiosity and lifelong learning.

In the UK, the Academy of Medical Royal Colleges, through its Directors of CPD Group, is the designated National Authority for CPD. This group includes the Federation of the 3 Royal Colleges of Physicians, each with a Director of CPD, and a number of Regional CPD Advisers and Specialty Representatives. The Colleges and Faculties of the Academy have differences between their respective CPD systems, but all work to the same standards and quality criteria. The Federation system consists of an on-line CPD diary for each physician, together with an on-line database of approved activities.

There are 3 categories of CPD activity:

1. Personal activities, which includes individual activity, such as reading journals, where the benefit is determined by the individual. This is unverifiable by audit.
2. Internal activities, which includes routine local activity with colleagues, such as medical meetings within the hospital. Attendance is not readily verifiable, but could be made so.
3. External activities, which includes conferences and other events outside the place of employment, where peers or providers ensure a regional, national or international context. Attendance is recorded and is verified by means of random audit.

Clinical credits concern any event in which the educational content directly relates to clinical topics. Non-clinical credits concern an educational event that is not directly related to clinical issues, such as management, ethical and legal issues, and appraisal training. Physicians credit requirements are a minimum of 50 educational credits in any 1 year, of which 25 must be external. No more than 10 of the 50 credits can be personal. Over 5 years, the minimum requirement for external non-clinical credits is 25.

The criteria used to approve an external event for CPD purposes are:

a) Any commercial sponsorship or interests of the programme planner, presenters, or facilitators must be declared on the application form.
b) Any support, sponsorship or funding by commercial healthcare organisations must not influence the structure or content of the educational programme.
c) The target audience falls within the remit of the Federation (recognised medical specialties or generally applicable non-clinical aspects).
d) The learning objectives are specifically defined, and are appropriate for the target audience.
e) The teaching methods used will achieve the stated learning objectives.
f) Evidence is provided that the presenters and/or facilitators have the expertise to deliver the learning objectives using the methods chosen.
g) The evaluation record for previous events organised by the same provider is satisfactory, or reasons for previous unsatisfactory ratings have been addressed.
h) The provider agrees to provide, upon request, confirmation of physician participation any time up to 2 years after the event has taken place.

However, although these criteria go some way to ensuring the educational quality of an event, they do not address the educational effectiveness of the event, nor do they address the effectiveness of participation in CPD as a whole.

Quality and Effectiveness of CPD

The key question which must be addressed is, "How do we know that CPD is effective?". CPD must contribute to high-quality patient care and should encourage and motivate learning. A focus on learning needs will support changes in practice by making the learning relevant.

Effective CPD should result in a change in the doctor's behaviour, which ultimately impacts on patient care. A difficulty in interpreting CPD outcomes is that a gain in knowledge does not always result in a change of behaviour. CPD should, therefore, go beyond the acquisition of knowledge and aim to impact on performance.

Effective education builds on key principles of adult learning. People learn best through activities which are active rather than passive and are relevant to needs. Effective CPD should build on the questions doctors ask, which are problems they encounter in their everyday practice.

A number of factors are influential in improving doctor performance. Learning needs must be assessed in the first instance. Studies show that CPD which incorporates needs

Fig. 4. A framework for effective continuing professional development.

assessment and multiple learning activities that focus on these needs are the most effective in changing behaviour and performance. Education translated into practice and reinforced at a variety of follow-up learning activities is the most beneficial. Learning activities which encourage interaction among learners and which provide opportunities for peer discussion are the most productive.

A useful framework for CPD effectiveness is shown in Figure 4. At the simplest level, doctors will participate in CPD by attending meetings and conferences which may or may not be directly related to their learning needs. Typically, learning providers provide questionnaires for delegates to complete following an educational session. These questionnaires may focus merely on aspects such as the venue (was the meeting room too warm or too cold?) or the hospitality arrangements (seeking opinion on the quality of the lunches!). There is a real opportunity here, however, to ask more meaningful questions about achievement of individual learning objectives or future intentions to change practice.

Attendance at conferences may result in an increase in knowledge but, as mentioned earlier, this is not guaranteed to enhance performance. The aim of CPD must be to effect a change in behaviour and to improve the quality of patient care. Provision of educational activities to facilitate behaviour change should be the goal of learning providers. There should be a focus on CPD which targets aspects towards the top of the pyramid.

How to Assess One's Own Practice

There are several methods which could be used by doctors to assess their own practice. Individual doctors could compare their clinical performance with standards of excellence demonstrated by a peer group. Another method is to carry out a self-audit of practice against published national clinical guidelines. Practice improvement can take place when doctors study their own practice in managing a number of specified conditions and then compare this with published guidelines. Doctors may also take opportunities to reflect on how they dealt with significant events or problems/questions posed within their everyday interactions with patients.

Well-established assessment tools that assess communication and teamwork skills are multisource feedback and patient satisfaction questionnaires. Using multisource feedback, doctors ask for feedback from those with whom they work on a regular basis. Patients can also be asked to complete questionnaires to indicate their level of satisfaction with their clinical consultation. Knowledge can be kept up-to-date using web-based educational programmes. Within these programmes, there is frequently an element of self-assessment achieved by answering multiple-choice questions.

Teaching skills can be assessed by asking those taught for feedback. This can be done in a formal way by distributing evaluation questionnaires following a teaching session, or informally through conversations with trainees following ward rounds or clinics where there have been opportunities for teaching in the clinical setting.

Making CPD Effective – the Partnership

There are 3 partners who contribute to making CPD more effective. These are:

- Doctors/learners
- CPD providers
- Accrediting bodies

What Can Doctors/Learners Do?

Doctors/learners should identify their learning needs and set goals within their PDP to address these needs. They must then target educational activities which will enable the achievement of their goals. This will involve participation in a variety of educational activities which, for example, may range from attendance at courses, to discussion with peers or reading relevant journals. Didactic lectures alone do not play a significant role in changing performance. Educational activities that use methods such as role play, discussion of cases or hands-on skills sessions are generally more effective. Sequencing activities is a helpful way of reinforcing learning. For example, learning a new skill, practising it in the clinical environment and then following up with further education on the same theme is effective in changing behaviour.

What Can Providers Do?

Providers and organisers of CPD have a significant role to play in increasing its effectiveness. Providers should design learning activities which have clear, identified objectives and learning outcomes. They should build activities based around learning needs and provide the doctors/learners with opportunities to reflect upon present

and desired levels of performance. Doctors should be given the opportunity to practise what has been learned and to be given time for fruitful discussion amongst their peers.

What Can Accrediting Bodies Do?

Accrediting bodies have a responsibility to ensure that CPD providers meet certain standards so that credit can be awarded for participation in the educational activities. There are essentially 2 ways of doing this – either to accredit the provider, or to approve each educational event or product.

Accrediting the provider is economical in time, but the provider's approved status requires regular renewal, and the provider's products must be subject to quality audit. The cost to a provider is likely to be quite high, the accreditation process needs to be robust, and consequently detailed, and there may be particular challenges when the provider produces web-based learning materials.

Approval of individual products is more time-consuming, but has the advantage that each "product" (web-based or "live") is scrutinised. However, it can be difficult to consider each and every product in sufficient depth, particularly if it is highly specialised. At present, the Federation approves individual products, but in the USA, the system is based on the accreditation of providers.

CPD Outside the UK

Reciprocity of CPD credits between countries is increasingly important. Europe-wide approval of events held within Europe may be obtained through the European Accreditation Council for CME (EACCME).

Minimum quality criteria have been agreed between Europe, the USA and the UK, which are based on the approval criteria given in the section on "CPD Structure and Organisation". These are subdivided into:

- Responsibilities of the learner;
- Responsibilities of the provider; and
- Responsibilities of the approving or accrediting body.

The Future for CPD and Revalidation in the United Kingdom

Although the details of the future revalidation process in the UK are yet to be finalised, it is clear that CPD will remain an integral part of the process, and it is likely that evidence that a doctor has agreed educational objectives and has met these through CPD will also be an essential element. Assessment of the quality of a doctor's work through multisource feedback and patient satisfaction questionnaires, and the demonstration that his or her factual knowledge remains up to date, are other ways in which a doctor may demonstrate continued fitness to practise.

CPD will therefore form an integral part of a "revalidation portfolio" held by each doctor that demonstrates that he or she continues to be able to deliver the high-quality healthcare that patients and the public have a right to expect.