
CPD update

Gethin Morgan

In this article I want to review Continuing Professional Development (CPD) from a wide perspective, and discuss the ways in which we meet the many challenges that lie ahead.

There is a general expectation that professionals, from whatever walk of life, will not only remain up-to-date but will also be able to furnish evidence of doing so. Mere private study will not be sufficient: some form of certification will be necessary, whether we like it or not. In the face of this, what is the best way forward?

Each medical speciality now has its own individual scheme for Continuing Medical Education (CPD). At present the approach is in its infancy, and valuation is mainly in the form of number of hours spent in attending appropriate educational events. At least this is a beginning: it forms the basis for developing more sophisticated ways of demonstrating that we are able to monitor our continuing education, as well as demonstrate unequivocally that it is at an appropriate standard. In some countries regular reappraisal of clinicians' competence is already established, sometimes through actual examinations. How is reappraisal likely to affect us? I do not have inside information, but I can try to predict what might happen.

I am not aware of any enthusiasm, at least at present, for the development of formal examinations as part of the re-certification process, but some form of clinical review seems inevitable. This might involve an external agency such as employers (after all they will have a role in funding CPD and without their support clinicians will be hard put to get time to participate in it). It seems obvious to me that participation in CPD could be an invaluable credential in this process, whatever form it might take. A College scheme which is well supported might be allowed more influence than one which is not. Ours will have little chance of achieving recognition unless the great majority of clinicians participate in it and help in its evolution from an informed position within it. Our approach in psychiatry has been to develop a CPD scheme that is seen to be intrinsically worth while, and not merely an expedient in meeting increasing demands from outside the profession that we should demonstrate our continued competence.

Some dismiss CPD as ineffective and unlikely to achieve its purpose. It is of course fatuous to

insist that we should be expected necessarily to demonstrate that CPD leads to improved clinical outcome, multi-factorial as this is. Yet those who have acquainted themselves with the relevant facts and have tried to acquire appropriate clinical skills are on first principle surely more likely to be clinically effective and competent than those who have not. To reject that principle is to overturn the very basis of education. Of course we will need to evaluate the effectiveness of CPD, but I hope we will adopt sensible and modest criteria of outcome in doing so.

Those who participate in CPD might well reflect on the ways in which it has helped them. I venture to suggest a few here. Busy clinicians know only too well how difficult it is to create time for keeping up-to-date whether by attending meetings or reading. It is only too easy to allow things to drift, whereas the 'pacing' influence of the CPD programme should help. Ensuring that we all keep up-to-date over the whole range of basic topics is another important aspect of our CPD programme. Currently the CPD committee is developing guidance about these, as well as taking steps to ensure that relevant educational events are made available more easily at regional level for all clinicians. CPD is not merely for a minority of poor performers. We all need to contribute to CPD if it is to ensure that standards overall in our speciality are maintained. High-flying academics and clinical leaders can become just as narrow in their expertise and poorly informed on issues not relevant to their special interest as anyone else. CPD cannot just be a matter of 'what will it do for me?' We both take and give by participating in CPD events.

No doubt debate rages fiercely among clinicians on whether or not to participate in CPD. Those who have not registered deserve to be challenged. The College CPD committee now includes district regional advisors who are nominated locally: its recommendations do not merely represent College *diktat* from on high but should be able to reflect the views of all practising clinicians. Our CPD programme needs active participation on the part of all clinicians if it is to meet their wide range of educational needs. Advice on further development arising out of actual experience of the scheme is much more valid than criticism from the sidelines. Have non-participants reflected on what will happen

should (or rather when) regular reappraisal becomes a reality? Do they wish for some form of external regulation? Without an effective College CPD programme this would seem inevitable. I suspect that many of those who decline to join our CPD programme adopt a wait and see approach, lying low until circumstances force them to act. In my view this approach ignores future realities and is of no help to those

of us who are trying to ensure that through CPD we will retain a major say in regulating our own ongoing education and in demonstrating that our clinical skills are maintained at a high standard.

Gethin Morgan, *Director of CPD, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG*

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