Development of CPD

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BMJ Learning
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What is CPD?

• “CPD is any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.”

GMC
Purpose of CPD

Maintain and improve

• The quality of care you give your patients and the public
• The standards of the teams and the services in which you work
• Competence in all work (knowledge, skills and behaviours – clinical and non-clinical)

GMC
Why CPD is important

- Keep up to date – clinical and non-clinical
- Maintain the professional standards
- Proof of good standing
- Promotion opportunities
Who should be responsible for CPD?

The physician

- Assessing needs
- Addressing needs
- Implementing learning

CPD can and should be

- Formal and
- Informal
Assessing needs

- Knowledge, skills, attitudes, behaviours
- Patients, carers, team members, line manager, audit, critical events, organisation
- Personal and professional development plan
If educational efforts appear divorced from the needs and interests of the learner, they are unlikely to make any lasting impact.

Neil Nusbaum

Reflecting on your practice

- Reflect on practice
- Reflect on learning
- Articulate and record reflections
Content of CPD

- All areas of practice
- Discussion with appraiser
- Not just areas of interest or expertise
- Should not be proscribed
Organising CPD

- No single way
- Undertake a variety
- Formal and informal
- In-house, local, national, international
- Some team based and peer based
How much CPD?

- As much as is needed
- Some say 50 hours/credits/points per year
- But time/credits/points is least important
- Full time/part time work should not be a factor
- But a system should allow career breaks
How much CPD?

We must move away from linking professional licensing to the accumulation of educational credits in whatever guise.

John Parboosingh

CPD should not be sole means of maintaining registration

- CPD
- Audit
- 360 degree appraisal
- Patient feedback
Impact

CPD must have impact
• You
• Team
• Patients
• Community

Need to demonstrate and record impact
The key is the relation of continuing education to standards of practice – the integration of learning, and teaching with audit, so that continuing education becomes the means and the measure of improvement in the quality of medical care.

James Parkhouse

CPD should be high quality

But learner is best arbiter of this

Not provider / accreditor / expert / educationalist
What is the role of colleges/MOHs?

- Provide framework, guidance
- Monitor compliance with framework
- Ensure time / funding / opportunity for CPD
- Ensure culture of learning
- Don’t proscribe
<table>
<thead>
<tr>
<th>The past</th>
<th>Now</th>
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<tbody>
<tr>
<td>Variable quality</td>
<td>High quality</td>
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<tr>
<td>Not learning things you need to know</td>
<td>Needs based</td>
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<td>Learning things you don’t need to know</td>
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<td>One size fits all</td>
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<td>Points driven</td>
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<td>Just clinical</td>
<td>Communication, team</td>
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<tr>
<td>The past</td>
<td>Now</td>
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<td>Doctors only</td>
<td>Interdisciplinary</td>
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<td>Lectures</td>
<td>Small groups</td>
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<td>Content based</td>
<td>Problem based</td>
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<td>Using the same formats</td>
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<td>Quality improvement and patient safety</td>
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References


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