

Panhellenic CME CPD survey

In Greece, a revision of the legislation concerning the organisation and the approval of the scientific CME/CPD events (Conferences, Symposia etc.) is currently scheduled. Therefore, we would be most grateful, if you could send us your feedback to the following survey, at your earliest convenience, due to the urgency of the issue:

1. Which authority provides with the approval for the organisation of a scientific CME/CPD event, in your country?

Medical royal colleges, faculties, specialist associations and professional trade bodies are some of the main providers of CPD in the United Kingdom.

All medical royal colleges and faculties have published guidance on how CPD in their specialty should be carried out. Most of the medical royal colleges and faculties also have formal CPD schemes that are based on the Academy of Medical Royal Colleges' document *The ten principles for college/faculty CPD schemes* and *Core principles for continuing professional development*.

2. Which is the competent authority for the review and accreditation of CME/CPD events?

This may be done by medical royal colleges, faculties, specialist associations and professional trade bodies that provide CPD.

The professional regulator for doctors, the General Medical Council (GMC), is responsible for evaluating the CPD individual doctors have undertaken as part their revalidation decision.

Every licensed doctor who practises medicine must revalidate with the GMC. Revalidation normally takes place every five years. In order to revalidate doctors are required to undertake an annual appraisal, including CPD. Doctors are responsible for identifying their CPD needs, planning how those needs should be addressed and undertaking CPD that will support their professional development and practice.



Core Principles for Continuing Professional Development

1. Individual Responsibility

Doctors have a responsibility for their own learning and for recording Continuing Professional Development (CPD) that has educational value. It should be appropriate to their personal fields of practice and anticipated future changes, and the needs of the service in which they work.

The responsibility for identifying and prioritising professional development requirements rests ultimately with the learner. Learning may reinforce existing good practice as well as enhancing knowledge, skills and behaviours.

2. The Importance of Reflection

Doctors should always reflect on the learning gained from their CPD and any changes made as a result, including the likely effect on their professional work and any further learning needs identified. Reflection will help a doctor assess whether their learning is adding value to the care of their patients and improving the services in which they work, and they should record any impact (or expected future impact) on their performance or practice.

3. Scope of Work

Doctors should be participating in CPD and reflection that covers the whole scope of their professional practice. This includes NHS work, independent practice, voluntary work that involves patients and professional activities such as education, management and research. It is not expected that CPD will be undertaken in every area of professional work every year, but doctors should ensure all aspects are supported adequately over the five year cycle.

4. CPD and Annual Appraisal

Doctors should present their CPD undertaken during the year, and associated reflection, for discussion and assessment at their annual appraisal. The appraisal discussion should include the learning and/or changes in practice that have arisen from the activities. A doctor's professional development needs should be considered and agreed with their appraiser, and the most significant needs should form part of the doctor's SMART personal development plan (PDP).

Planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not solely at annual appraisal.

5. Balance of CPD

There should be a balance of learning methods and experiences, for which doctors should provide appropriate supporting information and reflection. It is important that doctors undertake a *significant proportion* of their CPD with colleagues outside their normal place of work (often termed "external" CPD) to avoid professional isolation. Other CPD should take place with colleagues and teams within the workplace on topics directly related to the doctor's professional practice (often termed "internal" CPD).

Doctors should participate in peer-based learning in their specialty or field of practice. Discussing and disseminating their learning to others may help consolidate a doctor's learning and enhance that of the team in which they work. Doctors can achieve this through peer reviews and participation in specialty networks.

Recognised learning will also come from personal study such as reading of relevant books and journals and from internet-based learning. This should be self-accredited and accompanied by reflective learning.

6. Documenting CPD

The focus of CPD should be on its quality and reflection of its impact on a doctor's practice, rather than the amount of time spent on the activity. Doctors will need to collect evidence to record their CPD, normally using a structured portfolio. CPD schemes or programmes organised by Colleges or professional associations can be a convenient way of doing this.

Doctors are required by the GMC to do enough appropriate CPD to remain up to date and fit to practise across the whole of their scope of work. There is no regulatory requirement to acquire a particular number of 'credits' each year. However, for doctors who wish to be guided by a credit-based approach, a target of 50 credits each year and 250 credits over five years is recommended.

Normally, one credit will equate to one hour of educational activity, preferably demonstrated through a reflective note.


7. Employers' Responsibilities

All employers and contractors of doctors' services have a responsibility to ensure that their entire medical workforce is competent, up to date and able to meet the needs of the service; they must facilitate access to adequate resources to allow staff to develop, including time. Employers and contractors should plan and coordinate the CPD needs of their staff and monitor the effectiveness of their doctors' CPD activities. All doctors, including Specialty doctors, Associate Specialists, Staff and Trust doctors follow the same CPD guidelines and should therefore have equal access to protected time for internal and external CPD, funding and study leave. Doctors who work less than full-time are still required to achieve the same balance and coverage/standards of CPD as full-time doctors, so require the same access to funding and study leave.

In some circumstances, participation in CPD may be difficult or impossible for periods of time; for example, because of long term illness, or maternity or study leave. At the point of returning to work after such a break, it is important that there is an appropriate plan in place to allow such doctors to return to work safely.

CONTINUING PROFESSIONAL DEVELOPMENT

GUIDELINES FOR RECOMMENDED HEADINGS UNDER WHICH TO DESCRIBE A COLLEGE OR FACULTY CPD SCHEME



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FOREWORD

We are pleased to attach the final version of the Guidelines for Recommended Headings under which to Describe a College or Faculty Continuing Professional Development Scheme (the Core Model for CPD Scheme Headings document), which has been developed by the Directors of Continuing Professional Development (DoCPD), accepted and approved by all the Colleges and Faculties and approved by the Academy Revalidation Development Group in June 2009.

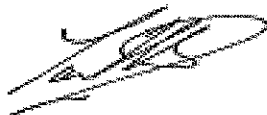
The core model is the link between revalidation and the CPD schemes which are in existence or in development across Colleges and Faculties. Despite a diverse range of CPD schemes, from medicine to surgery, from pathology to occupational health, we believe this document will provide a central model which will set a future standard for the purposes of revalidation, of which CPD is a major component.

The core model is therefore the final common pathway, by which all CPD schemes will relate to the Academy of Medical Royal Colleges' statement on the "Ten Principles of CPD". It was agreed that all College and Faculty CPD schemes would contain the headings in the core model – or if not, would map to them – thereby linking all specialties into the central core model. Those colleges and faculties which have sub-specialty groups have already been liaising with these groups to ensure that any recommendations on CPD for their sub-specialists link back through the specialty CPD model to the core model. This process has been ongoing during the finalisation of the core model.

All Colleges and Faculties have now reviewed their CPD schemes in the light of the core model headings and sections. The Academy's aim for all systems to have a consistent approach and map back to the core document has been successful. We are most grateful for the enthusiasm, input and support we have received from colleges and faculties.



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NOTES ABOUT THE REPORT

Text in regular font and bold indicates core text. Text in italics indicates guidance and examples for insertion by Colleges and Faculties.

TITLE OF COLLEGE OR FACULTY

Definition of “Continuing Professional Development”

A continuing process, outside formal undergraduate and postgraduate training, that enables 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.

Statement of Principle

The Royal College / Faculty of supports the Ten Principles for College/Faculty CPD schemes as revised in October 2007¹

COLLEGE/FACULTY DETAILS

Description of the College or Faculty

For example, key principles, “demographic” data of the College or Faculty, number of members and Fellows.

1. INTRODUCTION

The rationale behind participation in CPD and the relevance of CPD to revalidation

Revalidation is the process that will ensure that licensed doctors remain up to date and fit to practise. The two key elements of Revalidation are:

- To confirm that licensed doctors practise in accordance with the General medical Council's (GMC) generic standards (relicensure);
- To confirm that doctors on the specialist register and GP register meet the standards appropriate for their specialty (recertification).

The contribution of CPD to Revalidation is set out in the Chief Medical Officer's Report, *Medical Revalidation – Principles and Next Steps*.²

The Report states that:

- "Continuing professional development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice
- The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation
- CPD belongs to the individual, but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual's programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD Schemes
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives
- Monitored systemsⁱ that define College or Faculty approved educational activities may assist the meeting of those objectives
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny
- The principles underpinning CPD schemes need to be as simple as possible while providing a good foundation on which to build an appropriate portfolio unique to the individual doctor."

The Ten Principles support this approach, and in particular, Principles 1, 2 and 10 set out the relationship between CPD, Appraisal and Revalidation.

ⁱ 'Monitored systems' is taken to mean arrangements in place to quality assure Colleges' and Faculties' CPD programmes.

2. THE PRINCIPLES OF THE CPD PROGRAMME

Normally, credits given by Colleges/Faculties for CPD should be based on one creditⁱⁱ equating to one hour of educational activity (or an equivalent measure of educational activity). The minimum required should be an average of 50 credits per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD (**Principle 4**).

If reliable methods can be developed and validated that relate credits to the learning achieved during an activity, then this would also be acceptable.

It will be the responsibility of individual doctors to ensure that they undertake a range of CPD activities that reflect the local and national needs of their practice and their own learning needs.

Those who are required to participate in the CPD Programme

All doctors who have a licence to practise will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise. Documentation of participation in, and learning from, CPD to the standards set by the College or Faculty will be a requirement for specialist recertification.

Individual personal responsibility for CPD

Individuals have the responsibility to record CPD that has educational value. Where an activity has not been formally approved for CPD, it is the responsibility of the individual to record the activity and document the learning achieved. Learning may reinforce existing good practice as well as provide new knowledge.

Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged (adapted from **Principle 5a**). It will be the responsibility of individuals to ensure that they undertake a range of CPD that reflects the local and national needs of their practice and their own learning needs.

ⁱⁱ A CPD Credit represents learning that is equivalent to one hour of educational time spent in good quality educational activity. The actual learning will vary between individuals. Other methods of estimating the educational value of CPD activities are being developed and piloted.

How CPD Credits are registered

Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Evidence of attendance at live events or of participation in all other CPD activities should be provided, as determined by each individual College or Faculty (adapted from **Principle 6**).

*State what individual doctors to do to register their CPD credits.
For example:*

- *Annual submission of data by on line form.*

State types of evidence required, for example:

- *recorded reflection*
- *presentation of attendance certificate*
- *e-learning.*

See also headings under Appraisal.

3. THE PROGRAMME

CPD should include activities both within and outside the employing institution, where there is one. In order to support doctors in obtaining a proportion of their CPD outside their workplace, it is desirable to include a category of 'external' CPD wherever possible; for example, a minimum threshold of 25 'external' CPD credits. There should also be a balance of learning methods that includes a component of active learning (**Principle 2**). CPD activities should include professional development outside narrower specialty interests (adapted from **Principle 1**).

Definitions of Categories of CPD

Categories assist people to classify CPD and to ensure that a balance of activities is undertaken.

For example one possible matrix of activities might be:-

	<i>Internal</i>	<i>External</i>	<i>Personal</i>
<i>Clinical</i>			
<i>Academic</i>			
<i>Managerial</i>			

Define here:

- *The credit categories that your College/Faculty uses and their detailed content (activities within category and points/credits acquired)*
- *How these categories help to ensure that doctors achieve a balanced portfolio of CPD activities.*

An overview of the structure of the CPD Scheme in your College/Faculty

Describe for your College/Faculty. For example:

- *Formal recommended structure*
- *Allocation of credits of educational time*
- *Self-allocation of credits*
- *Five year requirement*
- *Successful completion of annual requirement receives a Participation Statement, Certificate of Good Standing or similar documentation for use at annual appraisal.*

Credit requirement per year and per five years

Define for your College/Faculty. For example:

- *How many credits in each category*
- *Target for CPD credits per year.*

Educational activities that qualify for CPD

Define for your College/Faculty.

Specific exclusions from consideration for CPD credits

Define for your College/Faculty.

3.1 PLANNING AND REVIEW OF INDIVIDUAL CPD ACTIVITY

CPD and Annual Appraisal

Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants, which should be based on annually submitted returns, and should be signed off at appraisal (**Principle 7**).

Participants will need to collect evidence to record their CPD activity, normally using a structured portfolio. This portfolio will be reviewed as part of the process of appraisal and revalidation (adapted from **Principle 2**).

Annual appraisal will lead to a personal development plan which will include future CPD activity. The CPD undertaken should reflect and be relevant to a doctor's current and future profile of professional practice and performance (adapted from **Principle 1**).

A number of methods may be used by different Colleges and Faculties to achieve these objectives.

Describe how CPD and Appraisal are linked for your College or Faculty.

Supporting Information required for Appraisal

Describe the supporting information required. For example:

- *Maintenance of Records*
- *Hard Copy Folders and Web-Based Records*
- *Acceptable Supporting Information about CPD Activities.*

The documentation needed for participation in CPD activity

Describe the documentation needed. For example:

- *Reflection, attendance record, etc.*

Supporting information needed to demonstrate that learning has taken place

Describe the supporting information needed. For example:

- *Reflection and other evidence of learning/practice change.*

The means whereby individual CPD activity and the Personal Development Plan (PDP) relate to each other

Describe for your College/Faculty where applicable.

3.2 APPROVAL AND QUALITY CONTROL OF CPD ACTIVITIES

Responsibilities of the providers of CPD activities

Where a formal approval or accreditation process exists for CPD activities, there should be clear guidance to providers about the criteria against which activities will be evaluated.

A reference and/or link to such guidance should be included here.

Procedures for recognition/approval of CPD activities

Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity (**Principle 5b**).

Criteria used for event approval/provider approval should be included here. If there is no formal system, an outline of the mechanisms for quality control of the activities should be included.

Use of feedback and reflection

Feedback on the quality of CPD activities should be given to the activity provider and acted upon. Where the activity has been formally approved the feedback should be available to the approving body and used in quality control of the approval process.

Self-accreditation of relevant activities should be allowed, and documented reflective learning should be encouraged. Self-accreditation will require evidence, which may be produced as a documented reflection (adapted from **Principles 5a and 6**).

Colleges/Faculties should include:

- *A description of how reflection and feedback are used to reinforce the educational value of CPD activities and to promote quality*
- *A description of how feedback is given to providers of CPD activities.*

Who carries out the approval of CPD activities

Describe for your College/Faculty.

If there is no formal approval system, please state.

Training and monitoring of approvers

Describe for your College/Faculty if available.

How the performance of the whole system is monitored, including IT aspects

Define for your College/Faculty if available.

Audit of Compliance

In order to quality assure their CPD system and to verify that claimed activities have been undertaken and are appropriate, Colleges/Faculties should audit participants' activities on a random basis (adapted from **Principle 8**).

Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme (**Principle 9**).

Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal (**Principle 7**).

Describe the audit process in place and the percentage audited per annum.

Consequences of failing to provide evidence or providing insufficient evidence

Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being annotated accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC (adapted from **Principle 10**).

Describe the process in place in your College/Faculty.

How auditors are trained

Describe the process in place in your College/Faculty.

3.3 ADMINISTRATION

Administering CPD

A description of College/Faculty structure and personnel should be included here.

Registration of Participants

College/Faculty CPD schemes should be available to all Members and Fellows and, at reasonable cost, to non-Members and Fellows who practise in a relevant specialty (**Principle 3**).

Describe here the process(es) whereby a Fellow or Member may register with the relevant CPD scheme.

Responsibilities of Employers

In its Guidance on Continuing Professional Development³ the GMC states:

- 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.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual doctor. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

A reference and/or link to other guidance used by the College/Faculty should be included here.

3.4 SPECIAL CIRCUMSTANCES

All doctors who hold a licence to practise should remain up to date with the CPD requirements set out by their Medical Royal College or Faculty. Doctors working less than full time have an equal obligation to provide high quality patient care as do those working full time, and thus should maintain the same commitment to their CPD. Colleges and Faculties, as well as employers, should be as flexible as possible in enabling this commitment to be met for all doctors.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace.⁴

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed:

- **A rolling five-year programme**

A shortfall in CPD activity at the end of a fixed five-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs

- **Doctors undergoing remediation**

CPD will be an essential part of the remediation process

- **Doctors who are suspended**

This is likely to be rare, and the period of suspension before return to work, or a decision on re-training or remediation should be short. Where necessary it should be possible to make up any lost CPD credits over a five-year cycle

- **Sick-leave, maternity leave or other career breaks**

Any deficit in CPD activity should be made up over the remainder of the five-year cycle. This may be achieved either prospectively (where possible) retrospectively after return to clinical work, or a combination. Where the absence is for more than a year, advice from the College or Faculty should be sought

- **Doctors who have fully retired from clinical practice**

If a retired doctor wishes to retain a license to practise, then the CPD requirements of the College or Faculty should be met. As much flexibility as possible should be provided, and a doctor experiencing difficulty should contact the relevant College or Faculty

- **Non-consultant career grade doctors**

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty

- **Doctors working in isolated environments outside the UK**

In some circumstances the type of CPD activity available may not conform to the quality standards set by the College or Faculty. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK. Periods of absence of more than one year may require specific CPD as agreed with the doctor's appraiser, College or Faculty.

THE TEN PRINCIPLES FOR COLLEGE/FACULTY CPD SCHEMES

1. An individual's CPD activities should be planned in advance through a personal development plan, and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower specialty interests.
2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.
3. College/Faculty CPD schemes should be available to all members and fellows and, at reasonable cost, to non-members and fellows who practise in a relevant specialty.
4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.
5.
 - a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
 - b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.
6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.

7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.
8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants' activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.
9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.
10. Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC.

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