



Maintaining Your Performance

Dossier of Guidance on
Continuing Professional Development for Surgeons

November 2004

The General Medical Council's definition of CPD

'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 ... CPD should also encourage and support specific changes in practice and career development.'

Continuing Professional Development, General Medical Council (GMC), April 2004

Background to the dossier

The majority of surgeons have always practised CPD without it formally being labelled as such. However, the context of CPD is in evolution, in particular its formal recognition as part of the processes of annual appraisal and revalidation. The NHS and GMC now both require documented proof of CPD activity as part of the evidence for appraisal and revalidation and state that:

'Doctors are responsible for keeping themselves up to date in all areas of their practice'

Continuing Professional Development, GMC, April 2004

This dossier of guidance reflects the contemporary advice from the Senate of Surgery and will assist surgeons in planning and recording their CPD.

The guidance on CPD must be viewed in the context of government and professional publications including:

- The GMC prospectus: *A Licence to Practice and Revalidation* (GMC April 2003)
- Documents relating to best surgical practice, including:
 - *Good Medical Practice* (GMC September 2001)
 - *Good Surgical Practice* (RCS England November 2002)
 - *Continuing Professional Development* (GMC April 2004)
 - *Criteria, Standards and Evidence for Revalidation – Guidance on surgical practice* (RCS England December 2004)
- Advice from specialist associations

Within the context of appraisal and revalidation, agreement of a job plan will lead to a personal development plan and the identification of appropriate supporting CPD. CPD is now based on the principle of self-accounting and personal responsibility with quality assurance carried out through the local appraisal process.

These important developments have led the Senate of Surgery to shift away from historical quantitative measures of CPD based on 'credits' or 'points' to a new emphasis on *quality* and the appropriateness of the CPD to the individual surgeon's professional and career development.

The *Criteria, Standards and Evidence* document applies to all surgeons and is not confined to consultant grades. Similarly, the scope of CPD has been broadened. It is relevant to all surgeons including those in training, staff grades and associate specialists and those in academic surgery.

It is also recognised that advice to surgeons practicing in the Republic of Ireland and in other European member states may differ somewhat from this core generic Senate document in terms of the numerical evaluation of CPD.

Principles of CPD

The GMC states that:

‘The ultimate purpose of CPD is to contribute to high-quality patient care.’

Continuing Professional Development, GMC, April 2004

The publication outlines the culture and environment in which CPD occurs. It draws attention to the need to consider how CPD may help doctors to respond to changes in society, its needs and attitudes and to the complex system through which healthcare is delivered. It also encourages doctors to:

‘explore the benefits of learning across professional disciplines and boundaries’

and

‘to learn from more informal experiences that are not part of the revalidation process.’

Senate recognises that core concepts underpin medical education at all stages from undergraduate through postgraduate training to consultant practice and CPD. These include:

- **The importance of innovation in clinical and professional practice** and the educational needs arising from this. As new surgical approaches, techniques and methods of patient management are developed, surgeons must ensure that they regularly update their knowledge and skills in order to be able to respond appropriately.
- **The concept of ‘lifelong learning’** means that all surgeons must recognise that the current rapidly changing professional environment has implications for professional updating and that this process will continue throughout their careers.
- **The value and nature of ‘reflective practice’ and ‘reflective learning’** is rooted in clinical and professional practice. The emphasis in professional education is therefore on learning *through* practice. Surgeons should constantly review their practice, discussing it with surgical colleagues and members of the multi-professional team. New knowledge and skills are often acquired in service and through individual attendance at courses, reading, research etc. Surgeons learn ‘reflectively’ by asking questions as to what has been learnt and how this could be applied to professional practice. Organized record-keeping is an integral part of this process and may be helped by electronic means.
- **There is a close relationship between CPD and the seven principles outlined in *Good Medical Practice and Good Surgical Practice*.** But CPD is broader because of

the managerial and administrative elements of surgical practice. For this reason, this document adds an eighth principle: **Lead and responsible positions within the service delivering surgical care.**

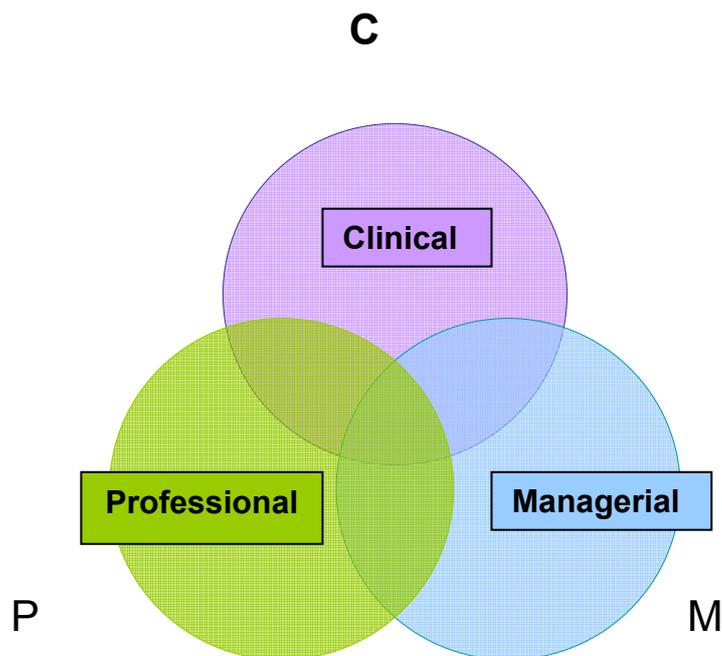
- **Individual personal responsibility and accountability** for undertaking CPD (with the GMC stating that this is **'open to independent verification'**).

Classification of CPD

CPD incorporates Continuing Medical Education (CME) with its focus on acquiring new knowledge and skills to improve clinical practice in response to new innovations. CPD also has a much wider remit to reflect the complexity of the modern surgeon's role. It is therefore appropriate to classify CPD into three new broad and overlapping categories:

- Clinical
- Professional
- Managerial

These may best be represented diagrammatically:



Priorities within and between these three categories will vary at different stages in a surgeon's career.

In addition to their primary role as clinicians, surgeons take on many roles and posts at different times, eg clinical or medical director, surgical tutor or educational supervisor, examiner, committee membership within the Trust, office holder in specialist associations and royal

colleges etc. These roles in themselves should be recognised as being integral parts of a surgeon's personal professional development.

To perform them satisfactorily, surgeons will also need to undertake appropriate CPD, which may be broader than clinical updating, for example management training, the development of presentation and media skills.

It must be recognised that when addressing CPD in the annual appraisal, surgeons may choose activities that address their current needs or ones that relate to their future development and career plan.

Links with *Good Surgical Practice*

The following table below complements the information above. It classifies the different types of CPD and illustrates them with examples of clinical and professional activities that relate to each category, followed by examples of ways in which these needs may be met. CPD activities are much broader than simply attending formal training.

New CPD classification	GMC principles of professional practice	Examples of related activities	Examples of CPD activities
Clinical	Good Clinical Care Maintaining Good Surgical Practice	Clinical skills updating Patient management and referral Technical aspects of treatment Clinical practice within and across teams Working within guidelines Record keeping, audit and use of IT	Instructional meetings and lectures Simulators and workshops Generic/specialty courses Clinical audit and research Multi-disciplinary meetings Journal clubs Visiting centres of excellence
Professional	Relationships with patients Working with Colleagues Teaching, Training and Supervising Probity in Professional Practice Health	Communication and interpersonal skills Teaching and mentoring Work as Surgical Tutor, Regional Adviser or Postgraduate Tutor Examining Appraising peers Ethics and research Editing and reviewing Work and Representative duties with Colleges and Specialist Associations Work with government and national agencies Independent practice (PP) Medico-legal work University commitment	Multi-professional meetings Formal training to teach and educate Formal training as an examiner Training in interpersonal skills, committee work etc. IT training Writing research papers and preparing grant applications
Managerial	Lead and responsible positions within the service delivering surgical care	Work as Clinical Lead or Medical/Surgical Director Clinical Governance/Effectiveness Lead Cancer Lead within Trust Director of Medical Education Membership of Specialty Training Committees etc.	Management training Attendance at specialist conferences and meetings College and Specialist Association Administrative meetings Professional visits and exchanges Chairing meetings/enquiries etc.

Practical advice

1. Planning a balance of CPD activity

It is important to recognise the proposed new continuum in surgical training from generalist to specialist and to reflect this in a choice or balance of CPD activities. The old distinction between 'internal' and 'external' CPD has disappeared and been replaced by the notion of balance between the different aspects of a surgeon's current role and future needs.

In deciding on CPD activities as part of a personal professional development plan:

- Activities should be chosen that relate to both generalist and specialist needs
- Activities should ideally relate to each of the main criteria of clinical, professional and managerial CPD
- These activities will reflect a balance between these for particular roles and tasks

It is the surgeon's personal responsibility to keep abreast of new developments in both specialty and generalist interests that apply to their roles and practice.

The personal development plan required in the annual appraisal folder should outline proposed CPD activity and be pertinent to the job plan. A surgeon may be asked to account for a choice of activities at appraisal and to present evidence of how these have helped with their professional development.

2. Recording CPD: collecting evidence and building a portfolio

As part of the current appraisal documentation, a surgeon is requested to compile a portfolio which could be open to independent scrutiny. This should contain a carefully documented record, ideally compiled electronically, of all the activities undertaken and notes of how these have been of benefit to career development. A collection of attendance certificates alone is inadequate.

a) Compilation of a CPD portfolio:

- Read any relevant guidance from specialist associations. These may indicate appropriate CPD activities and methods of recording them.
- Logbooks and data collected for audit purposes are useful where they provide evidence of professional development.
- If possible, record CPD on an electronic system.

- Present hard copies of relevant documents suitably annotated and preferably filed by CPD category.
- Use summary forms such as suggested in *Appendix 1* to help reflect on the value of learning.

b) Evidence to include in a portfolio may include any of the following:

- Attendance certificates for formal courses etc
- Examination certificates
- Programmes from meetings highlighting presentations attended
- Copies of abstracts and papers delivered at Meetings or published
- Copies of research activity: grant applications, progress reports etc
- Journal acknowledgements of reviewing
- Papers written for committees, specialist associations etc
- In-house protocols
- Guidelines
- Results of completed journal and/or online questionnaires
- Letters of acknowledgement or other evidence of involvement in examinations, organisation of courses etc
- Logbooks
- Audit data

However, this information on its own does not indicate the *value* of the activities to professional development and clinical practice. In addition indications of what has been gained from them and how or if current practice has or could be benefited is essential. The value of an activity, especially a course or meeting, may not be instantly apparent but notes should be made at the time and then ideally a review of these comments could be made after a period of time (for instance, three months) for reassessment. *Appendix 1* provides a suggested simple form.



Providers of CPD

A number of organisations offer good quality CPD and include:

- Surgical royal colleges
- Specialist associations
- Generic medical organisations eg the Royal Society of Medicine
- NHS Trust training programmes
- Management training organisations, eg BAMB, the NHS management training programme, business schools
- Multi-professional trainers eg the Kings Fund
- Commerce and industry
- Universities

No one organisation has the right to determine its own primacy or relevance and similarly there are many CPD opportunities offered online or as distance learning schemes of variable quality and authority.

Further reading

The Academy of Medical Royal Colleges. *CPD: The Ten Principles. A Framework for continuing professional development*. London: 2002

Available from: , 1 Wimpole St, London W1G UAE

Tel: 0207 408 2244

General Medical Council. *Good Medical Practice*. London: 2001.

Available from: URL: <http://www.gmc-uk.org/standards/good.htm> (cited 18 November 2004)

The Royal College of Surgeons of England. *Good Surgical Practice*. London: 2002.

Available from: URL:

<http://www.rcseng.ac.uk/services/publications/publications/pdf/gsp2002.pdf> (cited 18 November 2004)

European Union of Medical Specialists. Basel Declaration. UEMS Policy on Continuing Professional Development. Brussels: 2001.

Available from: URL: <http://www.uems.net/uploadedfiles/35.pdf> (cited 18 November 2004)

General Medical Council. *Guidance on Continuing Professional Development*. London: 2004.

Available from: URL: <http://www.gmc-uk.org/> (cited 18 November 2004)

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Appendix 1

Suggested format of a simple record for CPD activity

This form should be completed for each CPD activity undertaken and included in the appraisal folder.

Title of Event/Activity

Programme/Brief Summary of Event

	Clinical	Professional	Managerial
Categories of CPD			
Time spent (hours)			

Study/annual/profession al leave	Yes		No		Amount	
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Personal objectives in undertaking this CPD 1. 2. 3.

Knowledge gained/Skills acquired/improved 1. 2. 3.

Contribution of activity to practice 1. 2. 3.
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Date form completed	
Date form reviewed	