

ACADEMY OF MEDICAL ROYAL COLLEGES _____

The GMC's role in continuing professional development: a consultation

The Academy of Medical Royal Colleges (the Academy) welcomes the opportunity to respond to the GMC consultation on CPD.

The Academy's membership comprises Medical Royal Colleges and Faculties across the UK. The Academy seeks to support and co-ordinate the work of Medical Royal Colleges on issues of concern.

While individual Colleges and Faculties may also have submitted their own responses to the consultation we are confident that this response represents the broad view of the Directors of CPD.

General comments: Overall, the report on the GMC role in Continuing Professional Development and the accompanying GMC guidance on CPD principles are mainly generic and broadly in accordance with guidance produced by the Academy and the Medical Royal Colleges.

However, the references to Colleges' guidance and the importance of following them are strikingly weak. The Colleges have produced extensive specialty guidance which sets out requirements for content and amount of CPD to make it relevant in each specialty. We feel that the GMC should actively encourage doctors to follow their College guidance as submitted to the AoMRC and based upon the agreed 'Core Headings' template. The GMC should support the idea that doctors should meet College requirements and adhere to College guidance in relation to their range of professional practice, even if they are not members of a specific College scheme.

Regarding the definition used in the guidance (paragraph 8), this currently states that CPD is "*A continuing learning process...to improve performance across all areas of their medical practice*". As CPD is not confined to medical practice, we feel that this should be re-phrased to state "*all areas of their professional work*". The GMC's Guidance on supporting information uses the terms "professional work" or (in the CPD Section) "all areas of your practice".

The role of the GMC in CPD

Question 1: Do you agree that the GMC should provide a framework of principles and guidance to support doctors in their CPD rather than specifying in detail the activities a doctor must undertake? If you think we should be prescriptive please say why and in what ways.

Yes, the GMC should provide a framework of principles and guidance as suggested. This would encourage and enable doctors to prioritise CPD and it would reassure patients and employers that doctors are required to keep up their learning. However, in producing the framework and guidance it is important that the GMC acknowledges the work undertaken by the Academy, to avoid confusion and conflict.

The Report notes that CPD hours or credits are not the best way of evaluating learning, but acknowledges that where there are no intermediate structures (such as appraisal) between the individual and the regulator, then counting hours may be relevant. Although we agree with the reservations on simply counting credits, this happens to be the only hard measure which is currently capable of universal analysis. Qualitative measures of CPD are subjective and open to differing interpretation. We feel that the GMC should endorse the agreed position with all the Medical Royal Colleges that at least 50 CPD credits should be achieved each year with 250 credits over a 5 year revalidation cycle.

We agree the GMC should not quality assure (accredit) CPD activities. This places an appropriate distance between those who provide and quality assure CPD activities and the regulator. We welcome the statement that the GMC will work with the systems regulators to ensure that organisations have in place systems which will support access to appropriate CPD for doctors.

We agree that the GMC should avoid micro-managing CPD activity to the extent of extending the principles to dictating what type of CPD doctors should undertake to keep up their professionalism. We also welcome the statements, which emphasise the importance of planning CPD, of reflection on learning needs and of reflection on learning and commitment to practice change.

Guidance on CPD

Question 2: Does the guidance place appropriate emphasis on doctors' CPD activity being informed by the needs of patients and the public?

Not sufficiently. The relevance of CPD to the quality of care provided to patients and/or the public is mentioned in several paragraphs of the guidance (6; 11; 24; 25; 55). These statements indicate that CPD is important to improve the quality of care provided. However, there is less emphasis on CPD activity being informed by the needs of patients, carers and the public – something which we would expect.

Question 3: Does the guidance appropriately balance the CPD needs of the individual doctor and the needs of the team?

Yes. Given that CPD tends to be very much an individual exercise, there is a tendency to focus on the needs of the individual doctor rather than the common aims within the team

and organisation as a whole. Paragraph 41 emphasises the need to obtain the right balance. Paragraphs 22 and 24 also reflect this broader agenda.

Question 4: Does the guidance place the right emphasis on the role of appraisal and Personal Development plans in guiding doctors' individual CPD activities.

Yes – up to a point.

In both the Draft Final Report and the Guidance Document there is reference to the importance of the appraiser both in identifying the learning needs of the individual doctor and in evaluating the effectiveness of learning and the impact upon practice. For CPD to have value and relevance for doctors' practice and for their patients, appraisers need to assess very firmly the appropriateness of CPD for any appraisee and follow up rigorously on development and effectiveness.

The aspirations and career development needs of the individual doctor should also be acknowledged.

Question 5: Is the guidance sufficiently clear about the responsibilities of employers and contractors in supporting doctors' CPD activity?

No.

The guidance is clear that employers and contractors have a responsibility to ensure that their workforce is up to date and capable of meeting service demands. The GMC has made a good start in this area, but should emphasise the importance of this to the systems regulators, particularly in relation to the support that the organisation can provide to individual doctors to achieve the aims of revalidation.

In order to strengthen this section of the guidance, the GMC should make it explicit that they would expect employers to support doctors in achieving their CPD objectives, as identified through appraisal and job planning. The GMC's endorsement of the 250/5 year minimum agreed by the Medical Royal Colleges would also help make explicit to employers that they are expected to support doctors in achieving their CPD objectives, as identified through appraisal and job planning.

The GMC should also take part in the monitoring processes (quality assurance) of the systems in place to support doctors in employing organisations. This is covered in paragraphs 67-72 of the Guidance.

Question 6: Do you think there are any barriers stopping employers and contractors from carrying out their responsibilities?

Yes, potentially, the current and future financial constraints on the NHS are making employers reduce the amount of financial support that they provide for their doctors to undertake CPD outside the organisation. The job-planning process is becoming more contentious because of the erosion of SPAs by the need for direct clinical care. As a result, it has been increasingly difficult for doctors to take time away and to receive funding to undertake CPD activities.

The expectation that doctors will undertake CPD in a range of settings is welcomed. However, the importance of undertaking external CPD needs to be emphasised both because isolated practice has been implicated in seriously poor performance and also because this ensures that organisations provide appropriate support (both time and

funding) for these important activities. While some aspects of the required CPD can be delivered “in-house” it is also important that doctors meet with their peers and colleagues outside the workplace to maintain their professional competence in their specialty, and to undertake specific new learning in relation to service developments or their own professional roles.

Question 7: Does the guidance provide sufficient information about the use of CPD to support revalidation? If not, what further information would be helpful?

Mixed.

Overall, whilst the guidance provides sufficient information, there are important areas that still need clarifying, such as the minimum number of CPD credits or activity for a part-time doctor or someone taking a career break, and what happens if the supplied information is insufficient. While there is reference to the Academy’s recommendations in paragraph 53, we feel that the GMC should actively encourage doctors to follow their college guidance.

CPD and the workplace

Question 8: Do you think we have identified the most effective way of embedding the guidance into local processes? If not, can you suggest any other ways that will help make sure our approach to CPD is effective and reflected within local processes?

Yes, given that there are limitations on the legal powers of the GMC in this regard (para 85). It would represent a retrograde step if the regulator was to prescribe the content and nature of CPD provision, and it would be unrealistic to do this for every specialty. Paras 83 and 84 describe the GMC’s position well, and there is the opportunity for the GMC to work closely with the bodies responsible for organisational effectiveness for revalidation and with the systems regulators to ensure that employers and responsible officers have appropriate support in place.

The GMC should recognise its educational responsibilities by working with the Colleges and Faculties to support them in ensuring that appropriate support and resources are being provided.

Sharing what we know

Question 9: Do you agree that there is a role for the GMC in bringing to doctors’ attention information about emerging trends or developments in medical practice and professionalism in order to help them reflect on their CPD needs?

Yes – to a point. The GMC has expertise in certain areas of professionalism and could reasonably offer educational activities in these areas – but they would be limited to consideration of elements of Good Medical Practice, Confidentiality, Medical Ethics and Medical Regulation itself, all of which are important.

With specific regard to paragraphs 86-92 of the Report, this section gives some good examples, but needs more detailed discussion. Some ideas are very helpful – such as the

provision of information on key issues that apply across the whole profession (prescribing errors - 87) and issues concerning doctors in unsupported or at-risk situations (88; 89). There is also a growing need for doctors to appreciate the issues of probity, particularly with the increasing contact they have with the public and patients via email and other social networks.

The proposal to reflect back to individual doctors about their potential learning needs based on information on the GMC database is **a cause of some concern**. This presupposes that the database would contain the correct information and that it would remain relevant despite being essentially retrospective. It will be important for the Academy and the GMC to continue to work together if these issues are to be taken forward.

Fostering equality

Question 10: Do you think that our proposals as a whole (the guidance, the plans for incorporating the guidance into local processes, and the proposals for bringing to doctors' attention information which may be relevant to their CPD) will help recognition of doctors' CPD needs?

Yes – Broadly, but feel this needs to be explored more. The guidance and the plans for incorporating the guidance into local processes are broadly helpful and are to be welcomed. The proposals for bringing to doctors' attention information relevant to their CPD require further discussion.

Question 11: Are there any groups of doctors upon whom our proposals might have an adverse effect?

No, but these groups still need to be considered. The guidance is not explicit in how doctors with special circumstances can be supported by employers and contractors. It is important to consider the position of Staff and Associate Specialist doctors, locums, those on leave [sick/maternity etc] breaks and those working temporarily overseas. While these proposals encourage and support the provision of CPD facilities and resources for all, there may yet be difficulties in achieving full engagement from employers. It is important to maintain flexibility in the ways that CPD is obtained, and to recognise a wide range of learning opportunities.

General comments

Question 12: Our report contains nine specific recommendations on the role of the GMC in regulating doctors' CPD. Do you have any other comments on the conclusions of the review report and the report recommendations?

No.

13. Is there anything further we should be doing to regulate doctors' CPD. If so, what?

No.