

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.