

Core Principles for Continuing Professional Development

1. Individual Responsibility

Doctors are required by the General Medical Council (GMC) to remain up to date and fit to practise across the whole of their scope of work. They are ultimately responsible for their own learning and for undertaking Continuing Professional Development (CPD) that has educational value and keeps them up to date throughout their career. They are also responsible for identifying and prioritising their professional development requirements and making progress with their Personal Development Plan (PDP). CPD should be appropriate to their personal scope of practice and anticipated future changes, and the needs of the service(s) in which they work. Learning may maintain and reinforce existing good practice as well as enhancing and improving knowledge, skills and behaviours.

2. The Importance of Reflection

[Good Medical Practice](#) (p.10) reminds us that doctors must 'regularly reflect on [their] standards of practice and the care [they] provide'. Doctors should demonstrate that they are reflective practitioners, by reflecting on the learning gained from their CPD and any changes made as a result, including 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. They should consider any impact [or expected future impact] on their performance or practice. Reflection is a continuous, active professional habit, frequently facilitated by discussion with others, such as in informal conversations with colleagues, or formal meetings, such as multi-disciplinary team (MDT) meetings and medical appraisals. Additional support and guidance can be found in the GMC document [The Reflective Practitioner](#) and the AoMRC [Reflective Practice Toolkit](#).

Doctors should keep the documentation of their reflection submitted in their appraisal portfolio succinct and proportionate. They should remember that verbal reflection during the appraisal discussion, as recorded in the summary, provides further documented reflection that demonstrates that they are a reflective practitioner.

3. Spread of CPD and Scope of Work

Doctors should be participating in CPD and reflection that covers the whole scope of their professional practice. This includes work for voluntary organisations, and work in public and private or independent practice, and all leadership, managerial, academic, research and educational roles, including teaching and training, whether paid or unpaid. Doctors should keep up to date across the whole of their scope of work over a revalidation cycle, which is normally five years, but it is not expected that CPD will cover every part of their scope of work every year.

Doctors should engage in CPD that is broad ranging to learn about new developments, as well as CPD that is targeted on their individual data or needs, such as regularly reflecting and acting upon organisational and national audit information [where available].

4. Balance of CPD

Doctors should aim for a balance of learning methods and experiences, appropriate to their CPD needs and PDP. Personal study includes reading relevant books and journals and internet-based learning, such as webinars and e-learning modules. Experiential learning is usually opportunistic and triggered by something that has happened in practice and may occur alone or with others.

As well as individual learning, doctors should participate in peer-based learning in their specialty or field of practice to avoid professional isolation. Doctors can achieve this through peer reviews and participation in small group learning sets and relevant networks, as well as attending events and conferences. Discussing and disseminating their learning to others may help consolidate a doctor's learning and enhance that of the teams in which they work.

Where possible, some CPD should take place with colleagues and teams within the workplace on topics directly related to the doctor's professional practice. In addition, doctors should undertake a significant proportion of their CPD with colleagues outside their normal place of work to give breadth and depth to the calibration of their practice. Sharing learning with peers and developing communities of practice can happen remotely as well as in person.

5. CPD and Annual Appraisal

Doctors should consider how to demonstrate that they have kept up to date across their scope of work every year by discussing the CPD undertaken during the year, and their reflection upon it, at their annual appraisal. The appraisal documentation should include the most important and relevant learning and/or changes in practice arising from CPD.

The focus of CPD should be on its quality and its impact on a doctor's practice, rather than the amount of time spent on it. The GMC stresses quality not quantity. Doctors will need to collect evidence to record the spread and balance of their CPD, normally using a simple structured log or electronic portfolio. Doctors should choose the most convenient recording method that works for them. These might include online apps, appraisal portfolios, CPD schemes or programmes organised by colleagues or professional associations. Documenting CPD, like reflection, should be succinct and proportionate.

The GMC makes clear that it is not prescriptive about how doctors keep up to date and there is no regulatory requirement to demonstrate a particular number of 'credits' of CPD each year. Counting credits may lead to an inappropriate focus on quantity, not quality. While acquisition of CPD credits may have provided a useful steer in the past, the important focus going forwards needs to be on what the doctor has learned and its impact on their practice. Collection of CPD credits is no longer expected for medical appraisals, although some Royal Colleges and Faculties may continue to provide individual guidance for any doctors who prefer to continue recording them.

Doctors should be involved in planning and evaluating their CPD needs and opportunities on a continuous basis, as they arise, not solely at annual appraisal. At appraisal, a doctor's personal and professional development goals should be considered in line with the needs of the organisations in which they work and discussed and agreed with their appraiser. The most significant objectives should be developed during the appraisal to form part of the doctor's SMART (Specific, Measurable, Achievable, Relevant, Time-bound) PDP.

6. 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, including time, to allow staff to develop. To remain up to date, doctors need access to the same amount, spread, balance, and quality of CPD, whether they work full time or less than full-time. All doctors follow the same CPD guidelines and should therefore have equal access to protected time for CPD, funding and study leave.

7. CPD after a longer break in practice

In some circumstances, participation in CPD may be difficult or impossible for periods of time, for example, because of long term illness, or parental 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. Doctors may find the AoMRC Generic Principles, and [Factors for consideration template](#) helpful in considering their CPD requirements. There is no expectation to spend additional time on 'catch-up' CPD if no gaps or needs have been identified.