CMF

Continuing Professional Development (CPD)

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Introduction

Continuing Professional Development (CPD) is any sort of education outside of undergraduate or postgraduate curriculum that helps to maintain and further improve performance. It covers; knowledge enhancement, skills development and change in behaviour across all areas and includes both formal and informal learning. It is meant for all categories of healthcare professionals and aims to improve standards; the quality and safety for patients (General Medical Council, 2011). The responsibility for CPD lies with the individual who must identify deficiencies, plan and undertake CPD activities.

The hallmark of CPD is reflection, i.e. an individual needs to regularly reflect on the service he or she provides in order to identify deficiencies and take corrective measures (Moon, 1999). This is to maintain competency and be up to date. CPD activities may be individual or team based. The need for CPD activities should be based on the professional needs as well as the needs of the patients. Changes to existing practice should be implemented and its impact on the overall performance should be evaluated. Therefore it is like an audit cycle that needs to go on continuously until the healthcare professional ceases to practice.

Why CPD is important for doctors

It helps to maintain professional standards by updating undergraduate and postgraduate training, in order to implement changes in clinical practice. It will also help model healthcare towards meeting the needs of patients by keeping up with expectations of the public.

Ideally, a doctor would have to prove he or she has attended the CPD activities and present a summary of it to the annual appraisal to meet the requirements for renewing validation. This is still not being enforced in this mandatory manner at the Sri Lanka Medical Council (SLMC). The doctors attend CPD activities out of their own volition with no obligatory requirement to do so. If CPD activities are done in a methodical and scientific manner they may even enhance career prospects. Improvement of leadership skills and improved job satisfaction are other advantages.

The developmental goals of CPD must be tailored to improve the patient safety and quality of care provided by the respective individual and the team/s which he or she is part of in the healthcare system. The developmental goals must not be limited to clinical practice but involve the entire professional practice including non-clinical aspects as well. Research, training and teaching must be included in these goals to provide an overall improvement of an individual. A clinician's role may change with time and he or she must be able to adapt to these changes. For an example a clinician from the ministry of health has more emphasis on clinical aspects and less on research and teaching. However when the individual becomes a university academic there must be more emphasis paid on research and teaching in addition to clinical duties.

Content of CPD activities

The objective is to remain competent in all areas of practice. It is often better to have a mentor and to discuss CPD issues. However, CPD activities should broadly cover four domains; skills, knowledge and performance, quality and safety, com-

munication and teamwork and maintaining trust (General Medical Council, 2011).

Whatever issue that arises could be discussed informally or formally. Informal learning is by way of reflective practice. Other more formal methods include attending workshops, seminars and courses. Some activities can be planned but there will always be unplanned incidents, often adverse events which can be used as challenges to improve one's practice. These opportunities offer a chance for informal learning and reflection which will prove to be very fruitful and rewarding (General Medical Council, 2011; Schostak, 2010; World Federation for Medical Education, 2003). In addition if the goal is to improve the overall quality of care, feedback from patients, carers and colleagues will be essential. This will give a broader perspective on the need of the hour.

Conclusion

The concept of CPD is new to Sri Lanka. The responsibility lies with the healthcare individual, the employer and the public. The employer, in most cases the ministry of health is slowly realising this and appears to be getting more involved in CPD activities but there is room for further improvement. It needs to foster a learning environment and provide facilities and incentives to encourage CPD activities which must be coordinated, planned according to the priority and relevance with appropriate time allocation on a day-to-day basis and not just at the end of a year or when awaiting the appraisal.

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