



# Directors of CPD Subcommittee of the Academy of Medical Royal Colleges

## Continuing Professional Development Scheme for Surgery

### September 2011

#### Definition of “Continuing Professional Development” (CPD)

A continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour. CPD should also support specific changes in practice.

#### Statement of Principle

The Royal College of Physicians and Surgeons of Glasgow, the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England support the Ten Principles for College/Faculty CPD schemes as revised in October 2007 [1]

#### COLLEGE/FACULTY DETAILS

##### Description of the College or Faculty

The Royal College of Physicians and Surgeons of Glasgow, the Royal College of Surgeons of Edinburgh and the Royal College of Surgeons of England represent surgery in general in the UK. Agreement has been reached between the surgical Royal Colleges and the nine SAC-defined specialty associations to manage CPD in a way that minimises confusion and facilitates a surgeon from any college to collect, collate and validate their CPD activities.

##### Royal College of Physicians and Surgeons of Glasgow

Our growing collegiate body is unique to the UK. It includes professionals in surgery, medicine, dentistry, and travel medicine. We are a multidisciplinary body with 8,500 members across all

five continents. There are 2387 Surgeons. We provide many courses which are CPD approved and these are advertised on our website.

**Royal College of Surgeons of Edinburgh**

The RCSEd has 19,135 members and fellows of which 1,846 are in Scotland and 9,608 in the rest of the UK.

**Royal College of Surgeons of England**

The RCSEng has 17,725 members and fellows.

## INTRODUCTION

### The rationale behind participation in CPD and the relevance of CPD to revalidation

Revalidation is the process that will ensure that licensed doctors remain up to date and fit to practise.

The contribution of CPD to Revalidation is set out in the Chief Medical Officer's Report, 'Medical Revalidation – Principles and Next Steps' [2]. The Report states that:

- Continuing professional development (CPD) is the process by which individual doctors keep themselves up to date and maintain the highest standard of professional practice
- The GMC will require documented proof of CPD as an essential component of the information needed for successful appraisal and revalidation
- CPD belongs to the individual, but there is a need for the organised collection of evidence of appropriate activity, together with some audit of the adequacy of any individual's programme. To facilitate these requirements, the Colleges and Faculties of the Academy of Medical Royal Colleges have developed CPD Schemes
- It will be desirable to increase the linkage between CPD and appraisal. Appraisal focuses on meeting agreed educational objectives
- Monitored systems\* that define College or Faculty approved educational activities may assist the meeting of those objectives
- Effective CPD schemes are flexible and largely based on self-evaluation. This lets doctors develop what they do in the context of their individual professional practice while providing evidence for external scrutiny
- The principles underpinning CPD schemes need to be as simple as possible while providing a good foundation on which to build an appropriate portfolio unique to the individual doctor."

The Ten Principles support this approach, and in particular, Principles 1, 2 and 10 set out the relationship between CPD, Appraisal and Revalidation.

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\* 'Monitored systems' is taken to mean arrangements in place to quality assure Colleges' and Faculties' CPD programmes.

## THE PRINCIPLES OF THE CPD PROGRAMME

Normally, credits given by Colleges/Faculties for CPD should be based on one credit<sup>†</sup> equating to one hour of educational activity (or an equivalent measure of educational activity). The minimum required should be an average of 50 hours per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should comply with the principles outlined in the list of Education Activities that qualify for (**Principle 4**).

If reliable methods can be developed and validated that relate credits to the learning achieved during an activity, then this would also be acceptable.

It will be the responsibility of individual doctors to ensure that they undertake a range of CPD activities that reflect the local and national needs of their practice and their own learning needs.

It is expected that most surgeons in full time active clinical practice would easily exceed the 50 hour minimum.

### Those who are required to participate in the CPD Programme

All doctors who have a licence to practise will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise. Documentation of participation in, and learning from, CPD to the standards set by the College or Faculty will be a requirement for revalidation.

### Individual personal responsibility for CPD

Individuals have the responsibility to record CPD that has educational value. Where an activity has not been formally approved for CPD, it is the responsibility of the individual to record the activity and document the learning achieved. Learning may reinforce existing good practice as well as provide new knowledge.

Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged (Adapted from **Principle 5a**). It will be the responsibility of individuals to ensure that they undertake a range of CPD that reflects the local and national needs of their practice and their own learning needs.

### How CPD Hours are registered

Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Evidence of attendance at live events or of participation in all other CPD

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<sup>†</sup> A CPD Credit represents learning that is equivalent to one hour of educational time spent in good quality educational activity. The actual learning will vary between individuals. Other methods of estimating the educational value of CPD activities are being developed and piloted.

activities should be provided, as determined by each individual College or Faculty (Adapted from **Principle 6**).

Surgeons will need to record data about their CPD activities; it is recommended this is done online using the Surgeons' Portfolio or a similar tool. Supporting information such as certificates should be uploaded or retained by the surgeon in hard copy as proof.

Surgeons should undertake recorded reflection of all activities. The Surgeons' Portfolio provides guided space for reflection based on standard questions developed by the Academy of Medical Royal Colleges to be applied across medicine.

## THE PROGRAMME

CPD should include activities both within and outside the employing institution, where there is one. In order to support doctors in obtaining a proportion of their CPD outside their workplace, it is desirable to include a category of 'external' CPD wherever possible. There should also be a balance of learning methods that includes a component of active learning (**Principle 2**). CPD activities should include professional development outside narrower specialty interests (Adapted from **Principle 1**).

### Definitions of Categories of CPD

Categories assist people to classify CPD and to ensure that a balance of activities is undertaken.

Revalidation requires doctors to define their practice. A surgeon's CPD should be planned to reflect their practice in the balance of their activities.

Surgeons should aim to achieve a balance of activities across three categories of activities: Clinical; Academic; and Professional (including Managerial); and three environments: Internal; External; and Personal. These can be represented in a simple matrix:

	Internal	External	Personal
Clinical			
Academic			
Professional (including Managerial)			

There are no minima or maxima in any category but surgeons should aim for a balanced programme that reflects their practice and development needs. It would *normally* be expected that a surgeon's five-year CPD programme would include CPD activity within each category and environment (i.e. some entries in each box) but, depending on the surgeon's role, it is recognised that this may not always be possible. Planned programmes should be agreed between a surgeon and their appraiser when setting a Personal Development Plan (PDP).

A minimum **example** over five years would be:

	Internal	External	Personal	Total
Clinical	60	60	40	160
Academic	20	20	10	50
Professional (Managerial)	20	10	10	40

<b>Total</b>	<b>100</b>	<b>90</b>	<b>60</b>	<b>250</b>
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Surgeons might also find it helpful to indicate if the activity is:

- Accredited or approved (by a college or specialty association)
- Verifiable<sup>‡</sup>
- Self accredited

### **An overview of the structure of the CPD Scheme in Surgery**

Surgeons will be free to participate in the CPD systems of any of the three UK surgical colleges. For non-members a charge will be levied.

There are no requirements for any activity to be recognised/ approved/ accredited by a college or specialty association. The formal recording and submission of CPD activity records is new to surgery and such recognition/ approval/ accreditation systems are in relative infancy. Until such systems are well established it would be an unreasonable burden to expect a proportion of CPD to be from recognised/ approved/ accredited sources.

The Surgeons' Portfolio, provided by the Colleges, will provide a report on participation that can be accessed by the surgeon at any time.

### **Hour requirement per year and per five years**

CPD is measured in hours. Appropriate developmental activity is measured hour for hour.

Surgeons should accrue at least 50 hours per year and at least 250 hours every five years of their revalidation cycle. There will be some flexibility from year to year at the discretion of the surgeon's appraiser.

Surgeons are responsible for recording the CPD activity and the hours that are attributed to it although some suggestions are provided for activities that are difficult to measure. Activity should be developmental and surgeons should be able to justify to their appraisers that the activity contributed to their personal development.

There are no limits on the number of hours that can be claimed for the same type of activity. However, **to encourage a balanced programme, normally no more than 20 of the minimum 50 hours per year should come from a single type of activity, representing a suitable maximum.** E.g. the publication of an article/chapter in books – a surgeon might publish three articles (30 hours) but an appraiser should be looking for a further 30 (rather than 20) to come from different sources.

<sup>‡</sup> Verifiable CPD activities must have:

1. concise educational aims and objectives;
2. clear anticipated outcomes; and
3. quality controls (ie you should be given the opportunity to give feedback)

Additionally, you must obtain documentary evidence. (*Derived from GDC CPD requirements*)

## **Educational activities that qualify for CPD**

This list is a guide and is not intended to be exhaustive. Surgeons should discuss planned activities with their appraisers and agree anything that is not on this list.

<b>Clinical</b>
• Self directed learning e.g. journal reading and information through the internet
• Completing multiple choice questions on journal article or similar
• Meetings
• Courses (including e-learning)
• Interactive surgical and clinical workshops
• Clinical and procedural learning from peer visits or attendance at academic institutions.
• Seminars, small group learning
• Programme of training in a new technique or service
<b>Academic</b>
• Basic science research
• Translational research
• Clinical research and trials
• Participation in local audit activities
• Participation in national clinical audits
• Technical and Clinical Innovation
• Creation of a local or national audit programme
• Writing a report of a local audit
• The publication of a surgical / medical book
• The publication of an articles/chapter in books
• Peer reviewing papers for journals
• Presentation to surgical peers at a scientific meeting (first presentation only)
• Presentation to other health professionals or community groups
<b>Professional</b>
• Teaching on College/ specialty associations courses
• Training in supervision and assessment of surgical trainees
• Participation in a mentoring scheme as a mentor
• Development of educational material
• General teaching e.g. undergraduate/ post-graduate
• Acting as an examiner for undergraduate exams <sup>§</sup>
• Acting as an examiner for exams e.g. MRCS <sup>**</sup> /FRCS

<sup>§</sup> It is expected that only in exceptional circumstances undergraduate examining will provide professional development for the examiner.

<sup>\*\*</sup> Repeated examining, eg Objective Structured Clinical Examinations (OSCE) style examining, is unlikely to provide significant professional development for the examiner and it is recommended that claimed hours are kept to a minimum.

• Standard setting for exams
• Writing and developing exam papers
• Attendance at morbidity and mortality meetings where there was an explicit learning element (learning must be demonstrated via reflection)
• Self directed learning e.g. journal reading and information through the internet
• Completing multiple choice questions on journal article or similar
• Courses (including e-learning) such as:
○ Leadership
○ Management
○ Teaching/ training
○ Interviewer training
○ Supervisor training
○ Risk Management
○ Expert Witness/ Medical legal work
○ Writing reports
○ Statistics
○ Patient safety
○ Research methods
• Seminars, small group learning (see suggested topics above)
• Advisory Appointments Committee participants
• Invited Review Mechanism reviewer (Individual or Service Review)
• Invited Review Mechanism reviewer (Case Note Review)
• Development activity relating to role as a College representative or officer (e.g. induction training)
• Development activity relating to role as a Specialty Association or specialty representative or officer (e.g. induction training)

### **Specific exclusions from consideration for CPD credit**

A number of activities are separately included in the revalidation requirements as other types of supporting information; these should be a normal part of practice and would not qualify for CPD. These include:

- Participation in appraisal
- Routine attendance at morbidity and mortality meetings (unless there was a specific learning element)
- Routine attendance at multi-disciplinary team meetings
- Participation in multi-source feedback exercises (either as the subject or a reviewer)
- Participation in patient feedback exercises

Travelling time is not eligible for CPD.

Activity must be relevant to current practice or planned career development.

All activity needs to be agreed with an appraiser to qualify for CPD.

## **PLANNING AND REVIEW OF INDIVIDUAL CPD ACTIVITY**

### **CPD and Annual Appraisal**

Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants, which should be based on annually submitted returns, and should be signed off at appraisal (**Principle 7**).

Participants will need to collect evidence to record their CPD activity, normally using a structured portfolio. This portfolio will be reviewed as part of the process of appraisal and revalidation (Adapted from **Principle 2**).

Annual appraisal will lead to a personal development plan which will include future CPD activity. The CPD undertaken should reflect and be relevant to a doctor's current and future profile of professional practice and performance (Adapted from **Principle 1**).

A number of methods may be used by different Colleges and Faculties to achieve these objectives.

Surgeons are not required to submit information to their College on the CPD activities they have undertaken but the Colleges have provided a recording facility as part of the Surgeons' Portfolio.

Surgeons must present information on their CPD for discussion and assessment at appraisal.

The appraiser should discuss with the surgeon the CPD activities undertaken throughout the previous year. Discussions should include the learning and changes in practice that have arisen from the activities. The appraiser should challenge the relevance of chosen CPD activities if relevant.

The appraisal should also include discussion of future CPD including the setting of a Personal Development Plan that sets that balance of categories and environments for the year ahead (see matrix example above).

### **Supporting Information required for Appraisal**

Surgeons should produce a summary of the CPD undertaken for their appraiser. This will be available from online portfolios including the Surgeons' Portfolio. Appraisers will have the right to request detailed supporting information from the surgeon based on this summary.

### **The documentation needed to demonstrate participation in CPD activity**

Any of the following would be acceptable with the agreement of the surgeon's appraiser.

- Certificates of attendance/ participation
- Reports of bar-coding of participants at external meetings;
- Event programmes

- Letters from organisers
- Reflection records
- Copies of titles and details (e.g. abstracts) of articles/ chapters/ books (full copies should be available on request)
- Titles and details of presentations or books (full copies should be available on request)
- Attendance lists and minutes of participants at local meetings;
- Printouts of participation in exams, college activities, etc;
- Self documentation of hours spent reading journals;
- Summative assessment of learning through summative exams.

### **Supporting information needed to demonstrate that learning has taken place**

Surgeons should reflect on the activity and note any learning points. The following should be addressed:

- Brief description of activity including why you selected this activity for CPD.
- What was the learning need or objective that was addressed?
- What was the outcome of the activity
- Outline any further learning or development needs highlighted by the activity. How do you intend to address these?

The Surgeons' Portfolio has sections to guide surgeons through this.

### **The means whereby individual CPD activity and the Personal Development Plan (PDP) relate to each other**

The appraisal should include discussion of future CPD including the setting of a Personal Development Plan that sets that balance of categories and environments for the year ahead (see matrix example above).

# APPROVAL AND QUALITY CONTROL OF CPD ACTIVITIES

## Responsibilities of the providers of CPD activities

Where a formal approval or accreditation process exists for CPD activities, there should be clear guidance to providers about the criteria against which activities will be evaluated.

Formal recognition, approval or accreditation processes are in their infancy in surgery. Until they are established there will not be a formal requirement for a proportion of CPD activities to be from recognised/approved/ accredited sources.

Common standards across medicine for the accreditation/ approval of CPD activities are being developed by the Academy of Medical Royal Colleges.

Where formal recognition/ approval/ accreditation has not been sought by the provider the surgeon and their appraiser should look for the following characteristics<sup>††</sup>:

- Activities must have scientific or educational purpose.
- Commercial sponsorship of the activity must be clearly stated.
- The activity contributes to continuous learning and addresses a clear learning need.
- The learning outcomes are specifically defined and are appropriate.
- The teaching methods used are relevant to the defined learning outcomes.
- The activity organiser has proven relevant expertise.
- The presenters/teachers/facilitators have proven relevant expertise, skills and knowledge.
- Effective assessment processes are in place (e.g. evaluation or feedback form)
- Records are kept of attendance which must be provided on request.]

## Procedures for recognition/approval of CPD activities

Formal recognition/ approval/ accreditation of the quality of educational activities for CPD by Colleges/ Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The recognition/ approval/ accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity (**Principle 5b**).

<sup>††</sup> These standards form a basis for standards for formal accreditation processes.

The surgical Colleges and specialty associations have different procedures for recognising/approving/ accrediting activities. These will meet the standards being developed by the Academy of Medical Royal Colleges once they are available.

### **Royal College of Physicians and Surgeons of Glasgow**

Currently the College only recognises in-house programmes.

### **Royal College Surgeons of Edinburgh**

Currently the College only recognises in-house programmes and exceptionally other events and encourages the specialty associations to consider accreditation of activities, although this situation is under review. It is likely that the procedures available will mirror the other Colleges.

### **Royal College Surgeons of England**

The Royal College of Surgeons of England accepts applications for the recognition of meetings and events. Course accreditation is also offered and CPD hours awarded but this is undertaken as a separate process and the standards and requirements exceed those for CPD recognition for meetings and events.

Application for CPD recognition is through an online portal and depending on the type of organisation running the activity a fee may be levied.

### **Use of feedback and reflection**

Feedback on the quality of CPD activities should be given to the activity provider and acted upon. Where the activity has been formally approved the feedback should be available to the approving body and used in quality control of the approval process.

Self-accreditation of relevant activities should be allowed, and documented reflective learning should be encouraged. Self-accreditation will require evidence, which may be produced as a documented reflection (Adapted from Principles 5a and 6).

Feedback should be sought by activity providers through evaluation forms or equivalent. This would be a requirement for recognition/ approval/ accreditation. We encourage CPD Activity providers to provide tools to direct reflection including Multiple Choice Questions.

The surgical Colleges and specialty associations have different procedures for recognising/approving/ accrediting activities. These will meet the standards being developed by the Academy of Medical Royal Colleges once they are available.

### **Royal College of Physicians and Surgeons of Glasgow**

All in house and accredited events have a quality assurance assessment and one component of this is participant and contributor feedback.**Royal College Surgeons of Edinburgh**

Feedback is all important and the College audits the educational activity which it has supported.

## **Royal College Surgeons of England**

CPD activity providers are required to submit to the College a report on the evaluation received from participants. Until this point recognition is provisional and future recognition is dependent on the results of this evaluation.

### **Who carries out the approval of CPD activities**

The surgical Colleges and specialty associations have different procedures for recognising/approving/ accrediting activities.

## **Royal College of Physicians and Surgeons of Glasgow**

All events are approved by the Education Training and Professional Development Board or the Director for Surgical CPD and Professional Development.**Royal College Surgeons of Edinburgh**

Currently in-house approval is considered by the Department of Education in consultation with the convenor of CPD and/or Vice President or deputy. If specialty advice is required this is obtained.

## **Royal College Surgeons of England**

Applications are reviewed in the first instance by staff in the Professional Standards and Regulation Quality Assurance department. A recommendation is made to the responsible trustee for CPD. If specialty advice is required this is obtained.

### **Training and monitoring of approvers**

The surgical Colleges and specialty associations have different procedures for recognising/approving/ accrediting activities.

## **Royal College of Physicians and Surgeons of Glasgow**

There is no formal training and monitoring but the Education, Training and Professional Development Board along with the secretariat report regularly to College Council.**Royal College Surgeons of Edinburgh**

The responsibility is with the Council of Trustees.

## **Royal College Surgeons of England**

Formal training is not provided but staff in the Professional Standards and Regulation Quality Assurance department provide guidance and oversee the process.

### **How the performance of the whole system is monitored, including IT aspects**

The surgical Colleges and specialty associations have different procedures for recognising/approving/ accrediting activities.

## **Royal College of Physicians and Surgeons of Glasgow**

Subject to constant review and reports to Council **Royal College Surgeons of Edinburgh**

The Department of E-Learning is involved in the monitoring process, within Professional Affairs.

## **Royal College Surgeons of England**

The system has been running for a limited time and so is still in development and subject to constant review.

## **Audit of Compliance**

In order to quality assure their CPD system and to verify that claimed activities have been undertaken and are appropriate, Colleges/Faculties should audit participants' activities on a random basis (Adapted from **Principle 8**).

Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme (**Principle 9**).

Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal (**Principle 7**).

Surgeons are not required to submit information to their College on the CPD activities they have undertaken but the Colleges have provided a recording facility as part of the Surgeons' Portfolio. However, surgeons must present information on their CPD for discussion and assessment at appraisal. Forward planning of CPD should be undertaken at the appraisal meeting and the surgeon and their appraiser should agree a Personal Development Plan that includes plans for CPD.

CPD is a compulsory element of revalidation and appraisal is the means by which CPD, and other types of supporting information, will be reviewed. The quality assurance systems being developed for revalidation will provide assurance of compliance.

## **Consequences of failing to provide evidence or providing insufficient evidence**

Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being annotated accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC (Adapted from **Principle 10**).

CPD is a compulsory element of revalidation and appraisal is the means by which CPD, and other types of supporting information, will be reviewed. If a surgeon failed to provide evidence

or provided insufficient evidence for CPD they would be unable to revalidate and the consequences of this would be directed through the revalidation process.

We would expect appraisers to be sufficiently trained so that they can exercise common sense discretion.

## **How auditors are trained**

This does not apply in surgery.

# **ADMINISTRATION**

## **Administering CPD**

### **Royal College of Physicians and Surgeons of Glasgow**

The Director of CPD is responsible for administering CPD.

### **Royal College of Surgeons of Edinburgh**

CPD is the responsibility of the following individuals which report to College Council.

- Vice-President
- Convener of CPD
- Director of Professional Activities and Staff of the Education Department

### **Royal College of Surgeons of England**

The Council Lead for CPD is responsible for the administration of CPD. She reports on this work to the College's Professional Standards and Regulation Board which in turn is responsible to the College Council. Staff members in the Professional Standards; Quality Assurance and Education Departments have specific responsibilities for CPD.

## **Registration of Participants**

College/Faculty CPD schemes should be available to all Members and Fellows and, at reasonable cost, to non-Members and Fellows who practise in a relevant specialty (**Principle 3**).

Participation can be accessed through enrolment and signing into the Surgeons' Portfolio. Access to the Surgeons' Portfolio will be free to members of any of the three UK surgical Royal Colleges and the Royal College of Surgeons in Ireland. A fee will be levied for non members.

## **Responsibilities of Employers**

In its Guidance on Continuing Professional Development [3] the GMC states:

- Employers and organisations that doctors work in should recognise the benefits of

allowing enough resources for doctors to carry out CPD activities.

- Resources, such as time to think and access to on-site educational facilities, should be available to all doctors to allow them to develop professionally.

The responsibility for fulfilling CPD requirements and achieving learning needs rests with the individual doctor. However, the employing organisation (including locum agencies, where applicable) should provide support for professional development in partnership with other relevant bodies.

## SPECIAL CIRCUMSTANCES

All doctors (including those in independent private practice) who hold a licence to practise should remain up to date with the CPD requirements set out by their Medical Royal College or Faculty. Doctors working less than full time have an equal obligation to provide high quality patient care as do those working full time, and thus should maintain the same commitment to their CPD. Colleges and Faculties, as well as employers, should be as flexible as possible in enabling this commitment to be met for all doctors.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace [4].

In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed:

### A rolling five-year programme

A shortfall in CPD activity at the end of a fixed five-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs.

### Doctors undergoing remediation

CPD will be an essential part of the remediation process.

### Doctors who are suspended

This is likely to be rare, and the period of suspension before return to work, or a decision on re-training or remediation should be short. Where necessary it should be possible to make up any lost CPD hours over a five-year cycle.

### Sick-leave, Maternity Leave or other Career Breaks

Any deficit in CPD activity should be made up over the remainder of the five-year cycle. This may be achieved either prospectively (where possible) retrospectively after return to clinical

work, or a combination. Where the absence is for more than a year, advice from the College or Faculty should be sought.

#### **Doctors who have fully retired from clinical practice**

If a retired doctor wishes to retain a licence to practise, then the CPD requirements of the College or Faculty should be met. As much flexibility as possible should be provided, and a doctor experiencing difficulty should contact the relevant College or Faculty.

#### **Non-consultant career grade doctors**

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty.

#### **Doctors working in isolated environments outside the UK**

In some circumstances the type of CPD activity available may not conform to the quality standards set by the College or Faculty. The doctor should self-accredit as much CPD as appears justifiable in terms of the learning achieved. Any shortfall should be made up on return to the UK. Periods of absence of more than one year may require specific CPD as agreed with the doctor's appraiser, College or Faculty.

## **REFERENCES**

1. Academy of Medical Royal Colleges 10 Principles of CPD. AoMRC, London 2007. At: <http://www.aomrc.org.uk/committees/directors-of-continuing-professional-development/item/cpd-documents.html>
2. Medical Revalidation – Principles and Next Steps. Department of Health, 27<sup>th</sup> July 2008. At: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_086430](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430)
3. Guidance on Continuing Professional Development. GMC, June 2012. At: [http://www.gmc-uk.org/education/continuing\\_professional\\_development/cpd\\_guidance.asp](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp)
4. Navigating Equality and Diversity. NHS Employers <http://www.nhsemployers.org/excellence/equality-diversity.cfm>
5. Current Senate of Surgery (now named Forum of Surgery) guidance on CPD is available online [http://www.rcseng.ac.uk/publications/docs/maintaining\\_performance.html](http://www.rcseng.ac.uk/publications/docs/maintaining_performance.html)

# **ACADEMY OF MEDICAL ROYAL COLLEGES**

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## **Appendix 1: Academy of Medical Royal Colleges10 Principles of CPD**

### **THE TEN PRINCIPLES FOR COLLEGE/FACULTY CPD SCHEMES**

1. An individual's CPD activities should be planned in advance through a personal development plan, and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower specialty interests.
2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.
3. College/Faculty CPD schemes should be available to all members and fellows and, at reasonable cost, to non-members and fellows who practise in a relevant specialty.
4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.
5.
  - a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
  - b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.
6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.

7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.
8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants' activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.
9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.
10. Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC.

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