

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

General
Medical
Council

Regulating doctors
Ensuring good medical practice

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Please return your responses by 27 January 2012. This consultation is available online.

About this consultation

This consultation seeks your views on the GMC's role in regulating doctors' continuing professional development (CPD).

We are asking for feedback on three main areas of our work on CPD:

- Introduction of revised CPD guidance to provide a framework of principles to support doctors' in planning, carrying out and evaluating their CPD.
- Incorporation of the CPD guidance into local processes of appraisal and personal development plans.
- Identification and dissemination of information about key trends, developments in medical practice or professionalism which may be relevant to doctors' future CPD needs.

Why the consultation should matter to you

The consultation is relevant to all registered and licensed doctors because it sets out what we expect them to do to maintain and improve their practice through CPD. It will also help them understand the CPD requirements for revalidation.

The consultation is also relevant to employers and contractors of doctors' services who have a responsibility to make sure that their workforce is up to date and practising to the appropriate professional standards.

Patients and members of the public may be interested to understand what we expect doctors to do in order to stay up to date and improve the safety and quality of care they provide.

Consultation period

The consultation runs from **Monday 17 October 2011** to **Friday 27 January 2012**. The results will be published in spring 2012.

How to respond

You can respond to the consultation online at www.gmc-uk.org/education/continuing_professional_development/review.asp

You can also contact us at:

CPD Consultation
Education Directorate
General Medical Council
Regents Place
350 Euston Road
London NW1 3JN

Email: CPDconsultation@gmc-uk.org
Telephone: 020 7189 5207

If you would prefer to respond to the consultation in some other way, let us know and we will do our best to accommodate you.

Other formats

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

How to get involved

As part of the consultation we will be taking part in a number of events and meetings. If you are holding an event or meeting and would like us to come and talk about our proposals, or if you have any questions about the consultation, please contact Paula Robblee at probblee@gmc-uk.org or 020 7189 5207.

We will be publishing updates on the consultation on our website and in our online newsletters. If you would like to receive our newsletters please contact Nathan Lambert at nlambert@gmc-uk.org.

Why we are consulting on **CPD**

Background

The General Medical Council (GMC) protects the public by ensuring proper standards in the practice of medicine. We do this in several ways.

- By controlling entry to and maintaining the list of registered and licensed medical practitioners.
- By setting the standards for all stages of medical education and training and ensuring that those standards are met.
- By determining the principles and values that underpin good medical practice.
- By taking firm but fair action against doctors' registration where the standards of *Good Medical Practice* have not been met.

This consultation relates to the second of our functions.

Why we are consulting on CPD

In March 2010 Lord Naren Patel published a series of recommendations for the future regulation by the GMC of medical education and training¹. In his recommendations Lord Patel noted that the GMC had issued CPD guidance for doctors in 2004. But since then much has changed. He therefore proposed that:

'The GMC should update its 2004 CPD guidance and re-examine how the regulatory role in CPD should be exercised so as to support doctors in meeting the requirements of revalidation and providing high quality care for their patients, whilst preserving the value of CPD for individual professionals.'

In the light of this we have reviewed our role in regulating doctors' CPD. Our conclusions are set out in the report in Annex A to this consultation document.

The consultation is seeking feedback on the report recommendations and invites your comments on a number of questions arising from those recommendations.

¹ *Final Report of the Education and Training Regulation Policy Review: Recommendations and Options for the Future Regulation of Education and Training*, 18 March 2010.

The role of the GMC in CPD

Doctors have a duty to keep their knowledge and skills up to date throughout their working lives and should regularly take part in educational activities that maintain and further develop their competence and performance.

Our review considered that how doctors do this should be determined by their individual needs, the needs of the organisations and teams with which they work, and the needs of their patients and the public.

The role of the GMC should be to provide a framework of principles and guidance for how doctors should approach their professional development in terms of the way it is planned, carried out and evaluated.

The GMC should not, however, attempt to prescribe particular CPD activities that doctors must or should undertake, or the amount of CPD required. Detailed prescription by the GMC would risk diverting resources towards activities which may not be relevant to the needs of the individual doctor, their patients or the service. Instead, those needs should be identified, discussed and monitored locally through the doctor's annual appraisal.

For full details of our overall approach to CPD, see Sections 7 and 8 of the CPD Review Final Report.

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 No Don't know

Any comments?

It is important to provide a framework and principles, and NOT to specify the detail of CPD. A key issue will be buy-in from employers and how they manage the results of the guidance in terms of individual needs and the needs of the organisation.

This response has been made taking into account the range of documents comprising this consultation, from the 2004 guidance through policy and perception changes (e.g. Patel; review of international and other approaches to CPD; workshops and questionnaires with UK audiences). Paula has provided considerable and well thought out background documentation to the review, linking to revalidation plans and the current work of organisations and associations in providing and monitoring CPD. The resulting documentation is still a work-in-progress during a period of transition and change, and it would be realistic to be up front about this in any final documentation in order to allow for flexibility as we learn more about implementation.

It seems strange to us that the definition of CPD "refers to any learning that you take part in outside undergraduate education and postgraduate training which helps you maintain and improve your performance" (p1) does not embody the values of an evidence-based scholarly approach to learning, underpinned by educational theory about self-learning and promoting learning in others. The document later refers to recording learning and reflection but does this in an absence of educational context.

Guidance on CPD

Our draft guidance on CPD sets out the proposed framework of principles for how we expect doctors to plan, carry out and evaluate their CPD.

You can read the draft guidance in Annex B.

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

Yes No Don't know

Any comments?

It is appropriately driven from the perspective of improving outcomes for patients, however the documentation insufficiently emphasises *indirect* action for improving outcomes for patients, such as how the development of (for example) leadership, management and educational skills (not specifically in an area of clinical care) can increase patient safety by promoting responsible action to improve the clinical environment. This could be considered in the context of not only the needs of the doctor and their patient (as determined through the development of job plans and annual appraisal), but the needs of other healthcare workers, the organisation and aimed at improving organisational and healthcare effectiveness.

Good Medical Practice framework (2012) provides this broader context and we would like to see the guidance here clearly reinforce those values.

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

Yes No Don't know

Any comments?

The needs of the team are only weakly supported in the draft guidance, such as "41. Some of your learning should be aimed at improving the effectiveness of your team as a whole and its contribution to the organisation in which it is based. CPD focused on the effectiveness of a team should be undertaken alongside team colleagues." While we recognise the need to keep the guidance broad we feel this should also be more encouraging of others, and include reference to mentoring (as GMP2012 does). There is no particular guidance for line managers on supporting decisions about CPD.

Extreme care will be required to avoid either a 'tick box' or over zealous CPD culture. The critical aspects will be in keeping the process manageable and effective without increasing bureaucratic burden. Positive benefits need to be realised at all levels: patients, doctors, healthcare teams and organisations, or CPD will simply systematically remove doctors from their primary work and leave healthcare teams coping with disruption.

4 Does the guidance place the right emphasis on the role of appraisal and personal development plans in guiding doctors' individual CPD activities?

Yes No Don't know

Any comments?

Yes these mechanisms are the right ones, however given that many individuals planning their own CPD are also line managers of others who will be planning their CPD, more recognition could be given to the role of managers in shaping the CPD portfolio.

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

Yes No Don't know

If not, what more is required?

Although the GMC has no legal jurisdiction over organisations responsible for ensuring that CPD takes place they must make every effort to ensure that the need for CPD is recognised by those organisations, and is taken seriously. Short term attitudes and approaches will undermine the long term quality of care and health of the NHS.

The guidance is slightly contradicts where it states: "64. We do not endorse or accredit particular CPD activities. We do not give CPD points or credits for learning activities and we do not hold lists of CPD providers." but later includes reference to organisations such as the royal colleges. This needs to be resolved in the final version of the guidance.

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

Yes No Don't know

If so, what are they and how could they be overcome?

The need for updating education is constantly at odds with 'doing the job' and there is considerable emphasis in the NHS on delivering patient care. CPD for all staff needs to be an integral and recognised aspect of the job (not a bolt on or 'jolly'), and work plans adapted to reflect this. However policy changes and emphasis on targets threaten the aim of the NHS as being a learning organisation.

Positive benefits need to be realised at all levels; patients, doctors, healthcare teams and organisations, or CPD will simply systematically remove doctors from their primary work and leave healthcare teams coping with disruption.

The critical aspects will be in keeping the process manageable and effective without increasing bureaucratic burden or appearing to reduce the organisations ability to reach it's targets.

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

Yes No Don't know

Any comments?

Given that revalidation will be the subject of further guidance it would be inappropriate to detail it any more closely here, sufficient context and cross-reference is given to that and to GMP.

CPD and the workplace

Doctors have personal responsibility for identifying and addressing their CPD needs. But employers and contractors of doctors' services also have a responsibility to ensure that their workforce is competent, up to date and able to meet the needs of the service.

Our guidance is intended to provide a framework for CPD which will support the needs of both doctors and employers and contractors of doctors' services.

To be effective, however, the guidance must be incorporated within local processes such as appraisal and job planning, and be supported by organisations, appraisers and medical managers, including Responsible Officers.

Further details about how we plan to embed CPD into local processes are set out in Section 8 (paragraphs 83 to 85) of the *Final report (Annex A)*.

8 Do you think we have identified the most effective ways of embedding the guidance into local processes?

Yes No Don't know

If not, can you suggest any other ways that will help make sure our approach to CPD is effective and reflected within local processes?

Channelling information via named individuals such as a Responsible Officer will provide efficiencies and some accountability. Trust in the support of the GMC for CPD will need to be generated to ensure that the system operates as it should. The opportunity for doctors to feedback to/communicate with the GMC is an important check on the system, and systems could be set up to facilitate formative feedback on where the intention of the guidance is not being met (for whatever reason).

CPD may have costs associated and this guidance does not tackle the issue of how users will pay or afford CPD. Whatever local processes operate there should be ways of ensuring parity of CPD for doctors with the needs of other staff.

The notion of vicarious learning 'on the job' (and capturing this as CPD to support revalidation) represents considerable challenges. Encouraging a professional on-the-job learning environment will benefit all healthcare providers, not just doctors, and the GMC has responsibility for working with other regulators and employers, as they have noted, to promote an atmosphere open to learning.

Similarly it might be tempting to count clinical research activity as vicarious 'cpd' (and no doubt this is an effective way of keeping up to date), however this is of a very specific kind, and should be kept in balance with broader CPD requirements.

Sharing what we know

Our review concluded that the GMC should not, in general, be a provider of CPD for doctors. In most cases this will be better done by others who have the relevant expertise in specialist areas.

However, it may be possible for us to help individual doctors, groups of doctors or the profession more generally to identify areas of learning which may be relevant to them.

For example, we have a wealth of information from our registration, education and fitness to practise functions that may point to trends in medical practice or medical professionalism which are relevant to the ways doctors approach their practice.

During our review we also learnt of rapidly developing fields of medicine which are not confined to particular specialties and about which all doctors will increasingly need to become familiar in order to provide the best opportunities for their patients. It would be possible for the GMC to highlight such developments and their importance.

Bringing such information to doctors' attention would not mean prescribing the content of their CPD. Rather, we would aim to help doctors reflect on their further learning needs and on what was relevant to their practice.

You can read more about this proposal in Section 8 (paragraphs 86 to 92) of the *Final report (Annex A)*.

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 No Don't know

If so, are there particular topics, themes or aspects of professionalism where this might be helpful, or specific groups of doctors for whom this might be useful?

There is a challenge nationally for organisations to raise awareness of opportunities without being seen to recommend or endorse. While it is helpful to notify those who could benefit it may need to be done in a general way (such as via GMC News) rather than targetting individuals, at least until the next review of this guidance.

The GMC aspires to greater understanding of what CPD and other activities in the sector, however the mechanism for collecting this information accurately is not provided. Presumably a range of processes are in place for the GMC to capture a transcript of a doctor's professional life. Care must be taken not to over interpret analysis and subsequent publication of this data, as we should maintain an emphasis on formative development and promotion of diversity in the workforce until more evidence is available to support specific trends.

The availability of data and subsequent analysis tends to reduce diversity (e.g. on Amazon the purchase of goods with 5* reviews negatively influences uptake of new goods coming to market that may be better but never gain a toehold because of the buying publics preference for an older product with more reviews)

If you don't think the GMC has a role in this area, please explain why not.

Fostering equality

Patients and the public have a right to expect that all licensed doctors remain up to date in all areas of their work, regardless of the post that they hold or the circumstances of their practice.

But we recognise that for some doctors accessing appropriate CPD may not always be easy. These may include groups such as locums, staff grade doctors, sessional GPs, doctors in less than full-time practice or those planning or returning from career breaks.

The GMC has no legal powers to compel organisations to provide particular CPD opportunities.

However, our guidance highlights the responsibilities in this area of both doctors and the organisations in which they work. Incorporating that guidance into the local processes surrounding appraisal and revalidation will help to give it practical effect.

By also bringing to doctors' attention issues that may be relevant for their CPD we may also be able to support doctors who are not part of a College, specialty or professional association network and help them to reflect on their CPD needs.

You can read more about this in Section 8 (paragraphs 78 to 82) of the *Final report (Annex A)*.

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 No Don't know

If not, how might we address this better?

Providing a broad view of CPD is taken (as per points above) reflecting the self-ownership of the process, support from employers, and the broad needs of organisations as well as patients.

The GMC also needs to work with CPD and education providers to map CPD to appropriate principles and standards, and contribute to the development of these, where appropriate, with a view to better collective understanding the demonstrable qualitative outcomes of CPD (not just the number of hours spent, etc.). While the GMC may not assure CPD, that should not alleviate responsibility from other organisations to attempt to raise standards in CPD.

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

Yes No Don't know

If so, which groups would be affected and how might we address this?

The needs of part time staff (locums, etc.) are particularly challenging, and the GMC documentation appears to have highlighted this appropriately without specifying forward action too closely. It would be fair to refer in any documentation that further research is necessary in relation to how CPD can be most effectively accessed by part time staff.

One concern would be the suggestion of CPD for those on career breaks - this may contradict employment law where, for example, an individual is on maternity leave, visa has expired, etc. Further investigation seems to be necessary to understand how CPD requirements fit with other aspects of the law in these cases.

General comments

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?

Yes No Don't know

Any comments?

The recommendations to individuals are reasonable however again we would emphasise that this work is in part of a transition, we expect the revised CPD guidance (in 5 years?) to reflect an updated position based on experience and evidence gained during the implementation of this framework.

13 Is there anything further we should be doing to regulate doctors' CPD?

Yes No Don't know

If so, what?

About you

Finally, we would appreciate you providing the following information about yourself to help us analyse the consultation responses.

Your details

Megan Quentin-Baxter
Name

Academic Associate, HEA
Job title (if responding as an organisation)

Higher Education Academy
Organisation (if responding as an organisation)

Innovation Way, York
Address (optional)

megan@medev.ac.uk
Email

Contact tel (optional)

Would you like to be contacted about General Medical Council (GMC) consultations in the future?

Yes

No

If you would like to know about upcoming GMC consultations, please let us know which of the areas of the GMC's work interest you:

Education

Standards and ethics

Fitness to practise

Registration

Licensing and revalidation

Data protection

The information you supply will be stored and processed by the GMC in accordance with the Data Protection Act 1998 and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

Responding as an individual

Are you are responding as an individual?

- Yes No

If yes, please complete the following questions. If not, please complete the 'responding on behalf of an organisation' section.

Which of the following categories best describes you? (Please tick all that are appropriate):

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Clinical fellow /Academic | <input type="checkbox"/> Trainee |
| | <input type="checkbox"/> Consultant | <input type="checkbox"/> Consultant locum |
| | <input type="checkbox"/> GP self-employed | <input type="checkbox"/> GP salaried |
| | <input type="checkbox"/> Locum or sessional GP | <input type="checkbox"/> Locum or sessional SAS |
| | <input type="checkbox"/> Researcher | |
| | <input type="checkbox"/> Medical director or medical manager | |
| | <input type="checkbox"/> Other category of doctor _____ | |
- Staff Grade/Specialty/Associate Specialist (SAS) doctor
- Medical educator (teaching, delivering or administrating)
- Medical student
- Member of the public
- Other healthcare professional
- Other (please give details) Higher Education advocacy organisation _____

If you are a doctor, do you work

Full-time

Part-time

What is your country of residence?

England

Northern Ireland

Scotland

Wales

Other – European Economic Area

Other – rest of the world _____

Information about you

To help ensure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

What is your age?

Under 25

25–34

35–44

45–54

55–64

65 and over

Are you:

Female

Male

Would you describe yourself as having a disability?

Yes

No

What is your ethnic origin? (Please tick one)

Asian or Asian British

- Asian or Asian British Bangladeshi Indian Pakistani
- Any other Asian background, please specify _____

Black or Black British

- Black or Black British African Caribbean
- Any other Black background, please specify _____

Chinese or other ethnic group

- Chinese
- Any other background, please specify _____

Mixed

- White and Asian White and Black African White and Black Caribbean
- Any other mixed background, please specify _____

White

- British Irish
- Any other white background, please specify _____

Responding as an organisation

Are you responding on behalf of an organisation?

Yes No

If yes, please complete the following questions. If not, please complete the 'responding as an individual' section.

Which of the following categories best describes your organisation?

- | | |
|---|---|
| <input type="checkbox"/> Body representing doctors | <input type="checkbox"/> Body representing patients or public |
| <input type="checkbox"/> Government department | <input type="checkbox"/> Independent healthcare provider |
| <input type="checkbox"/> Medical School (undergraduate) | <input type="checkbox"/> Postgraduate medical institution |
| <input type="checkbox"/> NHS/HSC organisation | <input type="checkbox"/> Regulatory body |
| <input checked="" type="checkbox"/> Other (please give details) <u>Higher Education advocacy organisation</u> | |

In which country is your organisation based?

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> UK wide | <input type="checkbox"/> England | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Wales | <input type="checkbox"/> Other (European Economic Area) |
| <input type="checkbox"/> Other (rest of the world) | | |

Freedom of information

The information you provide in your response may be subject to disclosure under the Freedom of Information Act 2000, which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to, for example, information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box below. We will take this into account if a request for your response is made under the Freedom of Information Act 2000.

Please tick if you want us to treat your response as confidential

Email: gmc@gmc-uk.org
Website: www.gmc-uk.org
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at publications@gmc-uk.org.

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**General
Medical
Council**

Regulating doctors
Ensuring good medical practice