



Continuing professional
development:
guidance for doctors in
anaesthesia, intensive care and
pain medicine



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Contents

- Introduction 5
- 1 Definition and key principles of CPD 6
- 2 Minimum and maximum amounts of CPD 7
- 3 Reflection 7
- 4 Verification and recording of CPD 8
- 5 Your Personal Development Plan 8
- 6 The role of the employer 9
- 7 The CPD Matrix: knowledge and skill areas for CPD 9
- 8 Specific types of CPD activities 10
 - Doctors working in intensive care and pain medicine
 - Doctors working less than full time
 - Participation in CPD during a career break
- 10 Approval of external educational events and meetings 13
- 11 Further information and feedback 13
- 12 Resources and further information 14



Introduction

Keeping up-to-date through continuing professional development (CPD) is an integral part of good medical practice. Learning and development should cover the whole scope of the doctor's professional practice. It must be underpinned by reflection on the learning itself, on the standard of the doctor's practice and the impact on patients and the services in which the doctor works. CPD is also a key component of revalidation.

The Royal College of Anaesthetist (RCoA) is the professional body responsible for the specialty of anaesthesia throughout the United Kingdom. It ensures the quality of patient care through the maintenance of standards. This document represents the view of the College on how CPD should be carried out by doctors practising in anaesthesia, intensive care and pain medicine.

Previous guidance has been updated, clarified and simplified where possible. We hope in this new version you find the information and the included further resources useful.

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Chair, CPD Board

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CPD and Revalidation Co-ordinator

1 Definition and key principles of CPD

Continuing Professional Development (CPD) helps doctors maintain and improve their performance. It covers the development of knowledge, skills, attitudes and behaviours across all areas of professional practice¹.

Under Domain 1: Knowledge, skills and performance, [Good medical practice](#) states that doctors must keep their professional knowledge and skills up-to-date and that you must regularly take part in activities that maintain and develop your competence and performance².

CPD activities must be completed every year and must cover the whole scope of your professional practice. This might include NHS work, independent practice, voluntary work that involves patients, and professional activities such as education, management and research. CPD should focus on outcomes or outputs rather than on inputs.

You should participate in a broad range of CPD activities with examples including:

- External – regional, national or international educational meetings organised by national bodies, specialist societies or commercial providers
- Internal (i.e. within the employing organisation) – local clinical governance meetings and locally-organised teaching programmes
- Personal study – reading of relevant books and journals, and e-Learning.

You are responsible for identifying and planning your own individual CPD needs, giving consideration to the needs of the service in which you work and anticipated future changes. These should be considered and agreed with your appraiser during the establishment of your personal development plan.

You must reflect on your completed CPD activities, considering the learning gained and any changes made as a result, including the likely effect on your professional work and any further learning needs identified. Some doctors make reference to the prompts: “What? So what? Now what?” as detailed in Rolfe et al.’s reflective model³

¹ Guidance on supporting information for appraisal and revalidation. *General Medical Council*, 2018.

² *Good medical practice*. General Medical Council, 2014.

³ Rolfe *et al* (2001) reflective model. University of Cumbria, mod 2016.

2 Minimum and maximum amounts of CPD

The College recommends that doctors should complete a minimum of 50 hours CPD per year. Most doctors exceed this. Some documents on CPD refer to CPD credits or points – it is assumed that one credit or point equates to one hour of activity and the terms can be used interchangeably.

Of the 50 hours per year, we recommend that a minimum of 20 hours per year should be completed in each of external and internal activities. The remaining balance of ten can come from participation in either type such as from attendance at local clinical governance meetings, which counts as an internal activity, or from personal study.

If participation in a CPD activity does not result in learning something new but instead reinforces that your existing knowledge and skills are up-to-date, CPD credits can still be recorded, accompanied by a reflective note explaining that there are no changes that you need to currently make. However, care should be taken to participate in a balanced range of activities.

Examples of CPD activities are provided on pages 10–12.

3 Reflection

Reflection of your own standard of practice is an integral part of your development and appraisal. You should also reflect on what you learn from your CPD activities, and consider the impact on your patients and the services in which you work. This will also help you assess whether your learning is adding value.

The Academy of Medical Royal Colleges (AoMRC), in conjunction with the GMC, the Conference of Postgraduate Medical Deans (COPMED) and the Medical Schools Council has published guidance on [The reflective practitioner](#) which was developed following calls from doctors, responsible officers and appraisers for clearer information on what is meant by reflection and how those in training and engaging in revalidation should reflect as part of their practice.

The AoMRC and COPMED has also produced a [reflective practice toolkit](#) which provides templates and examples of reflective styles, aimed to facilitate best practice in the documentation of reflection on a variety of activities and events. It should be used in conjunction with the above guidance.

4 Verification and recording of CPD

Whilst your reflection on your completed CPD will be the key outcome for discussion at your appraisal meeting, we do encourage you to keep evidence of your participation. You can do this in a number of ways including:

- attendance certificates from external courses
- copies of course materials and programmes
- departmental logs of internal meetings
- e-Learning assessment certificates
- written verification of attendance with a named consultant, or attendance as an examiner/observer
- copies of papers/publications that you have written.

A CPD Online Diary, including a 'web app' version with offline functionality, is available to all subscribing members of the College to plan, record and reflect upon your CPD. The system can be used to generate a CPD activity report for presentation at your appraisal meeting. Further information is available at www.rcoa.ac.uk/revalidation-cpd/online-cpd.

5 Your Personal Development Plan

Planning your CPD should be an integral part in formulating your Personal Development Plan (PDP), in discussion with your appraiser, in the light of your personal fields of practice, anticipated changes and development, the needs of your patients, your colleagues and the wider community, and specific issues identified as a result of remediation.

From time to time, throughout the year, you may need to review your PDP because of new developments in medical practice, relevant changes in the law or medical regulations, specific requirements of employing, regulatory and other such bodies, and unexpected or unplanned clinical events.

The GMC requires you to make progress with your PDP each year or explain why that has not been possible. However, there is no requirement about the number of goals you should include or if these goals are clinical or non-clinical. We recommend that you develop SMART (Specific, Measurable, Achievable, Relevant and Timely) goals with your appraiser.

6 The role of the employer

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 should facilitate access to the resources (including the time to learn) that will support this⁴.

The GMC further advises that '*organisations must support learners and educators to undertake activity that drives improvement in education and training to the benefit of the wider health service*'⁵.

The College attaches particular importance to local clinical governance meetings as opportunities for CPD, since they are participatory and relevant to local practice. If these meetings are not held the College would view this as an organisational issue that should be addressed.

7 The CPD Matrix: knowledge and skill areas for CPD

The RCoA CPD Matrix was first published in 2010 and it is an optional resource which is designed to assist anaesthetists and appraisers in their appraisal discussions and to help guide individual CPD requirements as part of the personal development plan. It consists of the following three Levels:

- Level 1 includes the core knowledge topics, including basic science and medico-legal issues, which are universal to those who have trained as anaesthetists whatever their special interest area.
- Level 2 focuses upon the knowledge and skills that are relevant to an individual's 'whole' practice. By covering day-to-day and also potential on-call activity, this Level features a wide range of topics.
- Level 3 covers the knowledge and skills required by those whose routine clinical practice includes one or more special interest areas.

The CPD Matrix is intended to be contextualised and interpreted in the light of individual requirements and doctors may wish to participate in activities that fall outside of it. Examples of how it can be used are available at www.rcoa.ac.uk/node/391.

⁴ Continuing professional development: guidance for all doctors. *General Medical Council*, 2013.

⁵ Promoting excellence: standards for medical education and training. *General Medical Council*, 2016.

8 Specific types of CPD activities

The following section describes the types of activities that the College recognises for CPD.

Courses and meetings	<p>The following are examples of a range of activities which doctors may take part in.</p> <ul style="list-style-type: none">■ Attendance at national or regional courses approved by the RCoA, or by another Medical Royal College or Faculty.■ ALS, APLS, BATLS, IMPACT, PALS, PHEC, PHTLS, PTEC, MIMMS, TEAM or similar (instructors and participants).■ Equal opportunity and diversity training.■ College Tutor meetings.
Examining or observing postgraduate examinations	<ul style="list-style-type: none">■ Normally a maximum of four days per year would be recognised as part of a balanced CPD programme.
Long-term study programmes	<ul style="list-style-type: none">■ Study towards a Masters or similar programme would be recognised and a proportionate amount of CPD should be claimed.■ Protracted study in one specialised area does not remove the necessity to maintain a broad-based CPD portfolio.
Medical and academic writing	<ul style="list-style-type: none">■ Books, journal articles, case reports and editorials.■ Editorial activity.■ Oral or poster presentations.
Developing clinical policies	<ul style="list-style-type: none">■ Preparing and writing guidelines and planning audits.

Acting as an external advisor	<ul style="list-style-type: none"> ■ Acting as an advisor on behalf of the specialty for external agencies such as NICE, CQC, NCEPOD.
Working with another consultant	<ul style="list-style-type: none"> ■ Working with another consultant in order to learn or refresh specific techniques or skills.
Delivery of education	<ul style="list-style-type: none"> ■ Formal teaching. ■ Structured lectures, tutorials and demonstrations. ■ Preparation of teaching. <p>Informal 'in-theatre' teaching would not normally be recognised.</p>
Local clinical governance meetings	<ul style="list-style-type: none"> ■ Mortality and morbidity meetings. ■ Audit meetings. ■ Critical incident reporting and case conferences.
Local formal teaching	<ul style="list-style-type: none"> ■ Department-wide clinical teaching.
Personal study	<p>All doctors should keep up to date with the professional knowledge base through:</p> <ul style="list-style-type: none"> ■ private reading of relevant books and journals ■ podcasts ■ e-Learning. <p>These activities should be self-accredited (i.e. recording one CPD credit for each hour of activity) and accompanied by documented reflective learning.</p>

9 Special circumstances

Doctors working in intensive care and pain medicine

Anaesthetists who work in these fields should plan their CPD in order to reflect the scope of their individual practice and clinical commitments. Doctors practising only in intensive care medicine (ICM) or for whom ICM is their major specialty, should refer to [guidance](#) issued by the Faculty of Intensive Care Medicine⁶.

Doctors working less than full time

All doctors should remain up-to-date with their CPD requirements. Doctors working less than full time will have less experiential or 'on-the-job' learning to draw on and therefore at least the same amount and level of planned CPD as those working full time is essential. Employers should try to be as flexible as possible in enabling this commitment to be met, particularly in providing the same access to funding and study leave.

Participation in CPD during a career break

The revalidation process allows for short periods of absence from CPD or imbalance in one year to be redressed over the five year period. If you are unable to participate in CPD for any long periods of time your responsible officer may recommend a deferment of your revalidation to the GMC in order to allow you to collect additional information. The AoMRC has developed [guidance](#) on returning to practice⁷ including action plans to be taken before a period of absence and upon return.

⁶ Guidance on revalidation in intensive care medicine. Faculty of Intensive Care Medicine, 2014.

⁷ Return to practice guidance 2017 revision. Academy of Medical Royal Colleges, 2017.

10 Approval of external educational events and meetings

The College welcomes applications for CPD approval of courses and events.

There is no charge for NHS Trusts and hospital boards, registered charities, specialist societies and associations, and the benefits of CPD approval by the College include that event reviews are completed by specialist CPD Assessors experienced in the subject area, approved events are included on the College website, and the whole process is overseen by the CPD Board and underpinned by an annual quality assurance report.

Full information on the application process is available at www.rcoa.ac.uk/revalidation-and-cpd/applications-cpd-approval.

11 Further information and feedback

The CPD section of the College website at www.rcoa.ac.uk/cpd features further information including FAQ responses, templates for reflective practice and case-studies. This section is regularly updated when enquiries are received here.

We would welcome your enquiries and also your thoughts and comments on this document. Please send any feedback to cpd@rcoa.ac.uk.

12 Resources and further information

College and Faculties

- [CPD Online Diary – registration and login](#)
- [CPD Matrix \(including examples of application\)](#)
- [Application process for CPD event approval](#)
- [Faculty of Intensive Care Medicine guidance](#)

General Medical Council

- [Guidance on supporting information for appraisal and revalidation, 2018](#)
- [Good medical practice, 2014](#)
- [Continuing professional development: guidance for all doctors, 2013](#)
- [Promoting excellence: standards for medical education and training, 2016](#)

Academy of Medical Royal Colleges

- [The reflective practitioner, 2018](#)
- [Academy and COPMeD Reflective Practice Toolkit, 2018](#)
- [Return to practice guidance 2017 revision, 2017](#)
- [Mythbusters: appraisal and revalidation, 2018](#)

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