
Commentary

Cornelius Katona & Robert Jackson

The following gives the official position of the Royal College of Psychiatrists.

Over the past 5 years, the College has developed continuing professional development (CPD) as its key contribution to promoting lifelong learning. At its core, CPD requires psychiatrists to maintain, develop and remedy any deficits in the knowledge and skills relevant to their professional work.

Participation in CPD is central to maintaining standards within clinical governance and has a key role in revalidation. The CPD Committee has radically reformulated its programme to enable psychiatrists to demonstrate that they are using CPD effectively and to use their CPD record within the portfolio of evidence required by the Government's proposal for annual National Health Service appraisal (in England) and General Medical Council revalidation.

In the past, CPD has been a retrospective, generic and relatively unstructured point-gathering exercise. The College considers that individual psychiatrists should in future preplan their CPD activities to ensure their relevance to the work they do. The Court of Electors has endorsed the decision of the CPD Committee that, with effect from 1 April 2001, personal development plans (PDPs) will be introduced as the mechanism for achieving CPD objectives.

A PDP is a series of personal statements linked to the individual objectives the psychiatrist has identified that will help to improve the quality of the care that he or she provides. The PDP will allow the doctor to record evidence of the steps taken to assess, define, test with peers and achieve his or her personal CPD objectives. Evidence that a CPD cycle has been completed will form a key part of the PDP. Adoption of PDPs will provide a focus for CPD to be used in a forward-looking way that focuses on the needs, roles and activities of individual

psychiatrists. The CPD programme will be prospective and capable of supporting psychiatrists in striving for excellence in practice that is beyond the standards that may be formally required by employers or by government.

The other key element of the new CPD system is participation in a peer group. The purpose of the peer group is to review each member's PDP, ensure its appropriateness and identify practical ways in which the agreed objectives can be met. The peer group will meet regularly (at least twice a year) and individual PDPs will be reviewed and amended iteratively. Peer groups will be self-selected; group size will usually be between three and six, but may be as few as two or as many as eight. Members of peer groups may be colleagues from different psychiatric specialities working in the same organisation, or from the same psychiatric speciality working in various organisations. What matters is that each individual has available objective opinion and support against which to test his or her plan and monitor progress in settings that permit a positive culture for learning. The peer group should provide a supportive, rather than a critical, environment for all the members. The group should generate ideas and be imaginative in helping each individual to overcome barriers to achieving objectives. Peers must strive to make each other feel secure enough to discuss openly positive abilities, progress and achievements as well as any problems, gaps and mistakes and to learn from them.

Individuals should take responsibility for undertaking sufficient preparatory work on drafting their own PDP prior to discussion within the peer group. The information generated during peer group meetings should also be recorded in the plan. Ideally, each member of the group should use a similar format for this process and the recording mechanism should allow colleagues' advice, the agreed plan

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for CPD activities, progress and achievement at the year end to be documented. The College will supply a suggested pro forma for developing and recording a PDP, together with a checklist of issues, processes and outcomes that psychiatrists might wish to review. At the conclusion of a PDP cycle, the peer group will sign off or internally validate a PDP summary sheet for each participant. This sheet can then be submitted to the College for external validation.

It is proposed that when psychiatrists transfer to the PDP system, the College will drop the formal requirement of a set minimum number of hours of educational activities of specified types. Instead, the

College will externally validate PDP summary sheets and audit a sample of full PDPs. None the less, the College continues to believe that its guidance of 20 hours of external and 30 hours of internal CPD, supplemented by 50 hours of reading or other self-directed learning annually, is a reasonable minimum. Also, psychiatrists will be advised to continue, as now, to spread their learning across a range of types of activity, which should be related to their clinical commitments and relationships.

The revised CPD policy document is currently being prepared and the College hopes to distribute it towards the end of the year.

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