

Guidelines for Continuing Professional Development

Introduction

About the College

The Royal College of Anaesthetists (RCoA) is the professional body responsible for the specialty of anaesthesia throughout the United Kingdom. Its principal responsibility is to ensure the quality of patient care through the maintenance of standards in anaesthesia, critical care and pain medicine. The College has over 15,000 Fellows and Members, and its roles include: the setting of standards of clinical care; establishing the standards for the training of anaesthetists and those practising critical care and/or acute and chronic pain medicine; setting and running examinations; the continuing professional development of all practising specialists in anaesthesia, critical care and pain medicine.

Definition of 'Continuing Professional Development' (CPD)

A continuing learning process that complements formal undergraduate and postgraduate education and training. CPD requires doctors to maintain and improve their standards across all areas of their practice. CPD should also encourage and support specific changes in practice and career development. It has a role to play in helping doctors to keep up to date when they are not practicing. (GMC)

Statement of principle

The Royal College of Anaesthetists supports 'The ten principles for College/Faculty CPD schemes' last revised and approved by the Academy of Medical Royal Colleges (AoMRC) in October 2007.¹ These are reproduced in Appendix 1 and referenced where appropriate within this document.

The guidance in this document applies to **all** career grade doctors (i.e. not just those in consultant posts, so includes all doctors who are not in approved training posts. Whilst a minimum of 50 CPD credits per year is required, the RCoA strongly recommends that all doctors should aim for rather more to ensure that the necessary broad range of CPD activities are covered

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. It is the 'positive affirmation' that the doctor has maintained the appropriate standards of practice in the specialty as set out by the Royal College of Anaesthetists in the Specialty Standards framework approved by the GMC in December 2009.

The Chief Medical Officer's report, 'Medical revalidation – principles and next steps'² sets out the contribution that CPD makes to revalidation. 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 principles of the CPD programme

The AoMRC recommends that, normally, credits given by Colleges/Faculties for CPD should be based on one credit[‡] equating to one hour of educational activity (or an equivalent measure of educational activity). Credits for un-timed activities such as reading and writing should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD (**Principle 4**). In the future these will require evidence (**Principle 6**) when reliable methods have been developed, and validated, that relate credits to the learning achieved during such an activity; at such a time this could form part of the supporting information.

Everyone will be required to obtain at least 50 credits of CPD per year and a minimum of 250 credits in each five-year revalidation cycle (note: these are minimum numbers; the RCoA strongly recommends that all doctors aim for rather more – the exact amount will depend upon individual needs/aspirations). More detailed guidance is provided in ‘**What CPD should you do?**’ on page 4 of this document. Finally, for clarity, the RCoA’s CPD year starts on 1 January and ends on 31 December, although it is recognised that individual doctors may need to work to different dates depending upon their appraisal/revalidation cycles.

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 as part of the supporting information demonstrating that they are keeping up to date and fit to practise. Documentation of participation in, and learning from, CPD to the standards set by the RCoA will be a requirement for revalidation.

Individual personal responsibility for CPD

Individuals have the responsibility to record all CPD that has educational value. Learning may reinforce existing good practice as well as providing new knowledge and/or skills; where an activity has not been formally approved for CPD it is recommended that individuals record the activity and document the learning achieved using the Reflective Note Template (Appendix 2) or complete the fields relating to reflective learning in the RCoA’s online CPD system, once it becomes available. Such self-accreditation of relevant activities and documented reflective learning is encouraged (adapted from **Principle 5a**).

It will be the responsibility of individuals to ensure that they undertake a range of CPD that reflects the needs of their ‘whole’ practice and their own learning needs; this includes clinical (both routine and out of hours responsibilities, voluntary and other clinical work) and non-clinical activities. Further, a record of all CPD activities should be maintained within their portfolio, linked, where appropriate, to their personal development plan.

How CPD credits are registered/recorded

From early 2011, the RCoA will provide an online system for all anaesthetists that will allow the recording of CPD activity and updating of personal development plans. This will be part of the services provided to all those who maintain an annual membership subscription with the RCoA. Until the system becomes available, doctors may maintain a paper copy as part of their personal professional portfolio.

[†] Monitored systems is taken to mean arrangements in place to quality assure Colleges’ and Faculties’ CPD programmes.

[‡] 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.

Whilst **Principle 6** states that formal certificates of attendance are not necessary, it also states that evidence of attendance must be provided. The RCoA view is that certificates of attendance provide such evidence; additional supporting information demonstrating reflection and evaluation as to whether these CPD activities meet the aims and learning outcomes is also encouraged. Organisers of external courses and meetings are therefore required to provide certificates of attendance. Attendance at internal courses and meetings should be maintained in the paper or electronic portfolio by both the individual and the department.

Other examples of evidence that may be relevant for CPD are as follows:

- Attendance certificate verifying participation as an Examiner/Observer in RCoA examinations
- Copies of course programmes and/or course material
- Verification of attendance at consultant sessions with a named consultant
- Copy of course programme/course materials which provide evidence of a doctor's lecturing/teaching role
- University transcript detailing successful completion of postgraduate study with unit results and details of assessment
- E-learning self-assessment certificates
- Copies of published papers
- List of papers refereed
- Documented reflective learning

The above list is not intended to be prescriptive, and there are many other examples of supporting evidence that can be provided. The RCoA's online CPD system will allow doctors to save their evidence electronically for ease of access.

An overview of the structure of the RCoA CPD scheme

The RCoA believes it is a professional obligation of all anaesthetists to take part in CPD; this is part of the College's duty to patients to ensure that the highest standards of professional practice are maintained.

The RCoA has developed a **CPD Matrix** – a framework of three levels of CPD with specified knowledge and skill areas that doctors need to meet in order to revalidate (Appendix 3).

Level One of the matrix covers the core knowledge areas expected of all those who have trained as anaesthetists. This should include maintaining a broad knowledge of the scientific principles underlying clinical practice. All topics listed must be covered within the five-year revalidation cycle by all doctors practising in anaesthesia, critical care and pain medicine. The CPD evidence for this level will be largely '**internal**' and may, for example, be obtained from reviews/reflection of personal clinical practice utilising records of clinical activity, e-learning material and/or local hospital and departmental meetings.

Level Two CPD requirements are based upon both the knowledge and skills that are relevant to an individual doctor's 'whole' practice **including** the range of unscheduled activity they may undertake whilst on-call / out of hours (as identified in the job plan). Whilst this level of CPD outlines a wide range of knowledge and skills, anaesthetists, critical care and pain medicine doctors would only be expected to cover those areas relevant to their individual clinical practice, including on-call. Nevertheless, the wider the range of clinical practice the greater the requirement for maintenance of knowledge and skills to ensure that every doctor remains abreast of evidence-based changes in practice and are therefore 'up-to-date and fit to practise'. Such Level Two CPD may be provided, in part, by updates from local experts, but it will also include the need for more '**external**' CPD activity by attendance at courses and meetings.

Level Three CPD covers the knowledge and skills required by those whose clinical practice includes one or more 'special interest' area in their routine clinical practice (the term 'special interest' is used to maintain consistency between CPD and the CCT in Anaesthetics 2010 as agreed by the GMC). Most anaesthetists in the consultant grade have a special interest area and will therefore need to achieve some CPD credits at this level.

It is difficult to be prescriptive about the scope and content of level 3 CPD. This is because of the rapid development and evolution of knowledge and understanding in special interest areas. Inevitably any matrix produced would quickly become dated and therefore would not reflect the 'state of the art' principle that should underpin CPD at this level. The special interest areas listed in level 3 of the CPD matrix are those identified in the advanced level training curriculum for the CCT in Anaesthetics 2010. In addition other aspects of clinical practice e.g. paediatric intensive care and bariatric surgery and non-clinical areas e.g. education and healthcare management would be suitable for level 3 CPD activity by agreement between appraiser and appraisee.

Suggestions for level 3 CPD activity are available via the relevant Faculty and specialist society websites. The RCoA will also include a link to each Faculty and Specialist Societies' list of suggested level 3 CPD activity on the College's CPD section of the website. The relevant section of the advanced level CCT document will provide further information on the scope of specialist interest areas and may help appraisers and/or appraisees in planning level 3 CPD.

Participation in 'external' CPD programmes such as those run by specialist societies, and by some large national/international meetings, which deliver 'advances in practice' or 'state of the art' educational courses/meetings would be expected for level 3 CPD. As external CPD has financial implications, and a significant requirement for study leave, it is recommended that the degree of level 3 CPD activity required is agreed between appraiser and appraisee early in the revalidation cycle; and where there are such implications, these are discussed at an early stage with the Clinical Director.

Examples of how the CPD Matrix might apply to a range of different clinicians are included in Appendix 2.

What CPD should you do?

The RCoA expects all anaesthetists, critical care and pain medicine doctors to review the CPD Matrix regularly to ensure that the clinical and professional knowledge and skills relevant to their 'whole practice' is clearly covered as part of a rolling programme of continuing professional development; further, this should provide guidance for the development of individual personal development plans (PDPs) over the full five-year revalidation cycle. To help individuals select appropriate CPD, all educational providers will have to map their CPD activity against the CPD Matrix as part of the approval process. As use of the matrix grows, the RCoA hopes that it will have an impact on the future planning and development of CPD to meet, for example, any gaps in provision.

The RCoA will also encourage providers to maintain a historic record of CPD courses delivered from 2010 on their websites and previous years if possible. This will allow doctors to check that evidence for courses attended, at least since January 2010, and CPD credits accrued, is correct.

There must be a balance of internal and external activities; the exact balance will depend upon the full extent of a doctor's clinical and non-clinical professional practice to ensure that the type and content of the CPD activity undertaken reflects the requirements for their professional development and job plan, and will be discussed during the annual appraisal. Further, there must be a balance of activities from within (internal) and outside (external) the employing institution; this should include a balance of learning methods including components of active learning (**Principle 2**). To facilitate this, the RCoA stipulates that of the minimum 50 annual credits required, a minimum of 20 per year must be achieved in each of both internal and external activities (i.e. a minimum of 40 credits overall), so allowing a certain degree of flexibility as to how/where the remaining credits are gained. Reflective practice/learning in conjunction with department colleagues is viewed as an important part of professional practice; as a result, a minimum of ten 'internal' credits per year must be gained from attendance at departmental clinical governance meetings which should include morbidity/mortality, case conferences and clinical audit relevant to local practice. Once again, the credits indicated are minimum numbers; the RCoA strongly recommends that all doctors aim for rather more.

CPD activities should include professional development outside narrower specialty interests (adapted from **Principle 1**). The RCoA strongly supports this principle as anaesthesia, critical care and pain medicine are practised within the broader context of general medical and scientific knowledge, areas that are constantly evolving. It would not wish to prevent a doctor from undertaking CPD outside the requirements of the CPD Matrix. Mindful of this, it is recommended that Fellows and Members should also participate in some educational activities outwith their immediate clinical practice or, at very advanced special interest level. Such CPD, for example, might reasonably include general and advanced topics in allied medical specialties and related applied sciences.

Ultimately, the responsibility for fulfilling CPD requirements rests with the individual. The employing organisation should provide support for professional development, including resources allocated for provision of training and CPD arrangements for granting study leave and protected study time.

Educational activities that qualify for CPD

CPD credits may be claimed for attendance at all local, regional, national and international approved educational courses and meetings (with limits identified below). Participation in CPD activities such as examining and refereeing journals also qualifies for CPD credits. Pages 5 - 8 provide a summary of activities that are recognised for CPD by the RCoA.

Specific exclusions from consideration for CPD credits

Certain courses and meetings, and other CPD activities, have a maximum credit allocation (see Table below for full details). This is to ensure that the content of an individual doctor's CPD is spread widely rather than obtaining the bulk of annual credits from one course/activity.

Types of CPD activities

The list below is not intended to be exhaustive, and anaesthetists should discuss any planned CPD activity that is not on the list with their appraiser.

External CPD activities

Courses and meetings

CPD activity	Recommended credits
Attendance at RCoA approved, national and regional (outwith the hospital and/or trust) educational courses and meetings.	1 credit per hour of educational content up to a maximum of 5 credits per day. Normally a maximum of 15 credits per course/meeting; this might be increased to 20 credits provided there is sufficient breadth of content.
Satisfactory completion of relevant postgraduate Certificates/Diplomas and Masters, Programmes of study must be relevant to an individual's job plan and verified as part of the appraisal process.	1 credit per hour of educational content up to a maximum of 15 credits per programme of study/qualification per 12-month period.
Any course or meeting which has received CPD approval from another medical Royal College or Faculty is automatically approved by this College.	1 credit per hour of educational content up to a maximum of 5 credits per day. Maximum of 15 credits for any one course.

International meetings approved by the appropriate body in the host country will be considered for approval by the RCoA. Educational activities hosted by UK organisations overseas must seek prospective approval from the RCoA.	1 credit per hour of educational content up to a maximum of 5 credits per day. Normally a maximum of 15 CPD credits per course/meeting; this might be increased to 20 credits provided there is sufficient breadth of content.
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Other courses

ATLS/ACLS, ALS, APLS, BATLS, IMPACT, PALS, PHEC, PHTLS, PTEC, MIMMS, TEAM or equivalent courses Instructors and participants.	1 credit per hour of educational content up to a maximum of 5 credits per day. NB: up to a maximum of 10 credits may be claimed for attendance at this type of course every five years. A further 5 CPD credits, every five years, may also be claimed for the teaching of such a course, provided this is a different course from that which was attended.
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Observing examinations

This is limited to postgraduate examining relevant to the specialty in the UK and abroad.	5 credits for 1 day. NB: no more than 5 credits in a 12-month period may be claimed for this activity.
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Examining

This is limited to postgraduate examining relevant to the specialty in the UK and abroad.	5 credits for 1 day. NB: no more than 10 credits in a 12-month period may be claimed for these activities.
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Editorial and publishing

<p>Publications, papers and review articles should be in professionally recognised journals or journals listed in Index Medicus that are read primarily by health professionals. Points should be claimed only when the item is accepted for publication and can only be claimed once, even if published in a number of journals.</p> <p>The following can be included:</p> <ul style="list-style-type: none"> • editing a book • monograph • paper • case report • developing national guideline documents • developing national audits • chapter in a book • review article • editorial <p>Refereeing journals</p>	<p>5 credits per publication. NB: no more than 10 credits in the 12-month period may be claimed for this activity.</p> <p>1 credit per paper. NB: no more than 10 credits in the 12-month period may be claimed for this activity.</p>
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Consultant sessions

Attending consultant sessions. All sessions spent with a consultant should address techniques which anaesthetists need to learn or refresh. Sessions spent with a consultant should be verified by a named consultant.	1 credit per hour up to a maximum of 5 credits per day. Maximum of 15 credits per year.
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Internal CPD activities

Local Clinical Governance meetings

Attendance and participation in departmental clinical governance meetings. Presentations should include: morbidity and mortality, critical incident reporting, case conferences, journal club, clinical audit and ethical and legal issues related to practice.	1 credit per hour with a minimum of 10 credits per year.
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Local courses

Attendance and participation in local educational courses. Regional Advisers may approve local (hospital/trust) courses.	1 credit per hour of educational content up to a maximum of 5 credits per day.
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e-Learning

<p>MCQs from the following e-learning resources and journals are recognised by the College for CPD:</p> <p>e-Learning Anaesthesia (e-LA) http://www.e-lfh.org.uk/projects/ela/index.html</p> <p>Continuing Education in Anaesthesia, Critical Care and Pain (CEACCP) http://ceaccp.oxfordjournals.org/</p> <p>Participation in podcasts and other forms of e-learning should be self-accredited and accompanied by documented reflective learning.</p>	<p>One hour of CPD is awarded for successful completion (80% pass mark) of ten multiple choice questions. This is based on a requirement to have read two to three articles to successfully complete the MCQs. NB: no more than 10 credits in a 12-month period may be claimed for these activities.</p> <p>One hour of CPD awarded if a reflective diary is maintained of e-learning completed, up to a maximum of 5 credits per year.</p>
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Reading

Reading of professional and specialty related journals.	One hour of CPD awarded if a reflective diary is maintained of articles read, up to a maximum of 5 credits per year.
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External activities

All educational providers seeking RCoA CPD accreditation for their educational activities must fulfil the following requirements:

- Provision of a detailed programme of topics to be presented with an outline of the educational aims and learning outcomes
- A commitment to:
 - An accurate recording of the names of people who attended, including GMC numbers. This record should be kept for a minimum of five years
 - A CPD attendance certificate for participants reflecting sessions attended
 - An evaluation form for participants to complete at the end of the event
 - A completed summary of the evaluation for the event
 - If the meeting is an annual event, how the provider has developed the programme based on feedback from the previous year

Planning and review of individual CPD activity

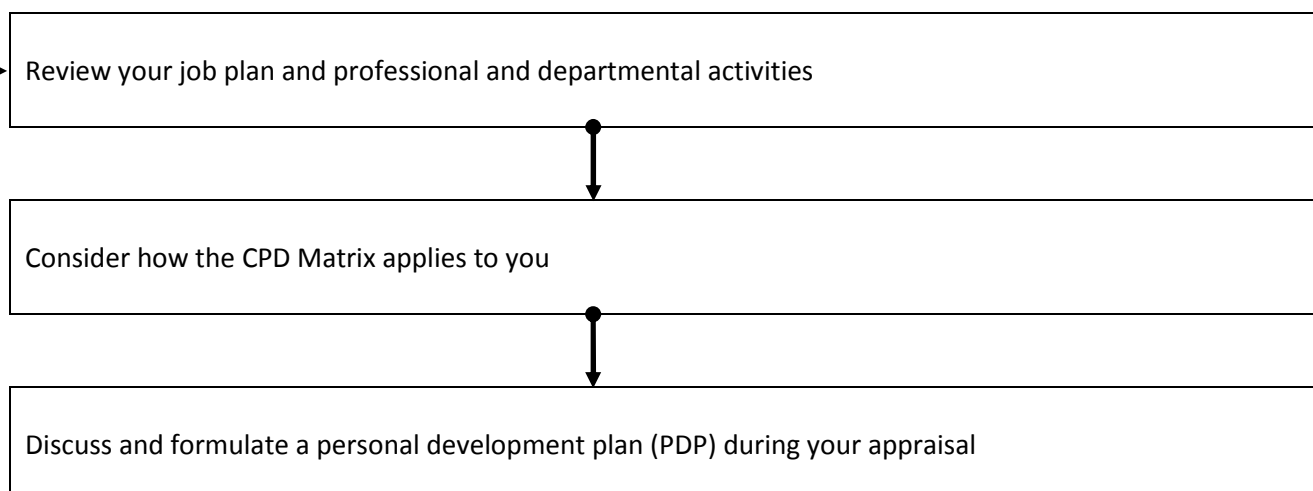
CPD and annual appraisal

Participation in the RCoA's CPD scheme should be confirmed by a regular statement based on annually submitted returns. Doctors registered with the RCoA's online CPD system will be able to download an annual statement and record of participation in CPD. This annual return should be signed off at each 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 inform the PDP, 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**). The process is summarised in Figure 1 below.

Figure 1: An approach to CPD



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graph TD; A[Participate in CPD activities] --> B[Record your CPD activities, credits and reflection on individual CPD activity in the College online CPD system as supporting information for revalidation]; B --> C[Demonstrate in your next appraisal how you have achieved your previous years PDP objectives and how, through CPD, the relevant standards and attributes set for revalidation are being met]; C --> D[ ];
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Participate in CPD activities

Record your CPD activities, credits and reflection on individual CPD activity in the College online CPD system as supporting information for revalidation

Demonstrate in your next appraisal how you have achieved your previous years PDP objectives and how, through CPD, the relevant standards and attributes set for revalidation are being met

Supporting information required for appraisal

In the long-term the RCoA is committed to delivering an e-portfolio for all anaesthetists, critical care and pain medicine doctors that will allow the recording of information used when preparing for an appraisal. This will include the collection/presentation of supporting information (including CPD activity) and the development of the annual PDP. The expectation is that this will be based on individual records, will be completely secure, and will be identical in function to the version being developed for use by our doctors in training. Wherever possible, evidence should be linked to the GMC's 'Good Medical Practice.'

It is expected that the system developed will allow the RCoA to confirm that the CPD requirements have been met and that it has been effective. Further, such an e-portfolio will be able to be reviewed during the annual appraisal process, thus feeding in to revalidation.

Until such a system has been developed, doctors should maintain a paper copy of their personal professional portfolio.

The documentation required to demonstrate participation in CPD activity

It is important that a structured summary of all CPD activities undertaken and certificates of attendance at RCoA approved events as identified on page 8 ('**External activities**') is maintained on a yearly basis.

Supporting information needed to demonstrate that learning has taken place

In addition to attendance certificates, the RCoA encourages doctors to record their reflection on CPD activity undertaken and this facility will be part of the new online CPD system (see Appendix 3 for the structured form). Individuals will be able to reflect on how they might alter their future practice and identify related areas of learning, where appropriate. The reflective review will also serve as a reminder of what has been learnt from the CPD activity.

Evidence of successful completion of knowledge based e-learning assessments is acceptable, as is a log of progress.

Details of any major critical incidents should be provided as they are events in professional practice where a near miss, or an issue of actual patient harm, provides a learning opportunity. All critical incidents in professional practice should allow the individual to draw upon their knowledge and skills and respond appropriately. A formal reflection on the events provides an excellent learning opportunity.

The means whereby individual CPD activity and the PDP relate to each other

Participants in the RCoA's CPD scheme should review their PDP regularly in conjunction with the RCoA's levels of CPD (refer to the CPD Matrix) to ensure that their plans are being met. If there are uncompleted elements, the reasons for this should be identified and recorded.

A review of approved local, regional, national and international educational courses available should be undertaken regularly as well as other activities such as e-learning and lecturing/leading educational sessions. CPD activity should be planned as part of the PDP and within the demands of the hospital department.

Where aspects of the PDP have not been achieved, these should be carried over to the subsequent year or cycle.

Not all learning is planned, and, where learning has taken place outside the PDP, this should also be recorded.

Administration

Administering CPD

The RCoA's Education Committee, supported by the Education Directorate, will be responsible for the development and maintenance of the College's online CPD system for approval and individual recording of CPD.

A dedicated CPD Administrator will provide support to individuals recording CPD and organisers wishing to receive approval for CPD.

Registration of participants

All doctors who maintain an annual membership subscription with the College/Faculties of the RCoA will be able to access the RCoA's online CPD system.

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

The Academy states that all doctors 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:

Shortfall in CPD activity

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 of a minimum of 50 credits per year 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. If it occurs the period of suspension before return to work, or a decision on re-training or remediation, should be as short as possible. Where necessary it should be possible to make up any lost CPD credits over a five-year cycle. The RCoA recommends that doctors keep up to date with internal professional CPD in the interim, and make good use of e-Learning Anaesthesia (e-LA) to ensure clinical knowledge is kept up to date.

There may be a requirement to consolidate or develop knowledge in general or specific areas during a period of suspension; therefore attendance at an increased number of CPD accredited events may be required – the associated action plan or remediation programme should identify this need.

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 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 should be sought. The RCoA recommends that doctors keep up-to-date with professional CPD in the interim, and make good use of e-LA to ensure clinical knowledge is kept up to date.

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. The RCoA recommends that doctors refer to both Level One of the CPD Matrix (covers the knowledge areas expected of all anaesthetists) and Level Two, as some of the latter will be required as a minimum for part of their CPD.

Staff and associate specialist grades, specialty doctors and other non-training career grades

This group of doctors should meet the same CPD requirements as all other non-training grade doctors in their specialty, up to the appropriate level of CPD as reflective of their job plan. See also Statement of Principle, Page 1 of this document.

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 and the RCoA. The RCoA recommends that doctors refer to Level One of the CPD Matrix, which covers the knowledge areas expected of all anaesthetists, whether or not they are in their personal job plan. Where possible, good use of e-LA should be made, to ensure clinical knowledge is kept up to date.

References

1. The Ten Principles for CPD. *AoMRC*, London 2007
([www.aomrc.org.uk/aomrc/admin/docs/Ten%20Principles%20of%20CPD%20Oct%2030th%202007%20\(circ%20to%20docpd\)_with%20logo.pdf](http://www.aomrc.org.uk/aomrc/admin/docs/Ten%20Principles%20of%20CPD%20Oct%2030th%202007%20(circ%20to%20docpd)_with%20logo.pdf)).
2. Medical revalidation – principles and next steps. The Report of the Chief Medical Officer for England's Working Group. *DoH*, 27 July 2008
(www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430).
3. Guidance on Continuing Professional Development. *GMC*, London, 2004
(www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp).
4. Navigating equality and diversity: guidance for the NHS. *NHS Employers*, April 2008
(http://www.nhsemployers.org/Aboutus/Publications/Documents/Navigating_equality_and_diversity.pdf).

Appendix 1

Academy of Medical Royal Colleges

A review of the ten principles for CPD in the context of the proposals of the Donaldson report

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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Appendix 2

Examples of how the CPD Matrix will apply to a range of different clinicians

Dr A is a full-time consultant pain specialist in a large DGH. He undertakes outpatient clinics and pain block sessions as well as conducting inpatient pain rounds. He has no routine or on call anaesthetic commitments and all of his independent practice is exclusively pain orientated.

CPD requirements

Although he now practises exclusively in pain medicine, Dr A is a Fellow of the RCoA, and an accredited anaesthetic specialist. He will need to fulfil the requirements recommended in Level 1 of the matrix which can largely be achieved via mandatory training activities at Trust level or as e-learning modules or locally delivered teaching sessions. As he does not practice anaesthesia routinely he may like to consider using some of his SPA time to work with his anaesthetic colleagues to refresh his airway skills, which may be useful if he is confronted with a patient who develops airway compromise during one of his pain block sessions.

At Level 2, he will need to consider what aspects of the matrix applies to his practice. Although he no longer practices anaesthesia he might wish to consider refreshing his knowledge of sedation techniques (L2B7), the management of perioperative /peri-procedure emergencies (L2B4) and developments in medicine & surgery (relevant to practice) (L2B11) which would all be relevant to his pain practice. In addition, as he is involved with the teaching and assessment of trainees, he should be up to date on the principles of work based assessment (L2I1) and complete educational supervisor training if appropriate (L2I2). These topics will require a combination of internal and external CPD activity.

As a specialist in pain medicine he will need to achieve a significant amount of CPD at Level 3. He should refer to the Faculty of Pain Medicine web pages for up to date suggestions of topics suitable for CPD activity at this level.

Dr B is a consultant anaesthetist in a small DGH .The anaesthetic department has 10 consultants. She provides anaesthesia for a broad range of surgical specialities and on call provides cover for emergency theatre work, obstetrics and ICU. She is the lead consultant for obstetric anaesthesia.

CPD requirements

Dr B will need to fulfil the Level 1 matrix requirements in the five year revalidation cycle. As she has a broad based practice she will need to achieve advanced life support skills for patients of all ages and special situations (including the obstetric patient). Airway management skills will clearly be covered within her standard job plan and will not require any other specific evidence at this CPD level.

At Level 2, she will need to cover a broad range of CPD topics relevant to her job plan and those areas which she covers during on-call periods. Given the potential breadth of clinical practice, the CPD requirements will be broad and a clear plan should be developed early in the revalidation cycle to ensure that all the necessary topics are covered (as identified in Level 2 of the matrix); whilst not all topics may need to be covered, she will need to achieve sufficient to satisfy herself and her appraiser that she remains up-to-date and fit to practice in **all** the areas determined by her on call duties.

As the lead for obstetric anaesthesia she has a specialist interest in this area and will therefore need to complete some Level 3 CPD. She can refer to the OAA website for examples of Level 3 obstetric CPD activity

Dr C is a staff grade anaesthetist working in a large DGH. He undertakes a broad range of day time sessions including covering the obstetric unit. Dr C is also part of the resident on call rotas for anaesthesia, obstetrics and ICM. He also acts as a volunteer pre-hospital care doctor in his spare time.

CPD requirements

Dr C will need to fulfil the Level 1 matrix requirements in the five year revalidation cycle. As he has a broad based practice he will need to achieve advanced life support skills for patients of all ages and special situations (including the obstetric patient). Airway management skills will clearly be covered within his standard job plan and will not require any other specific evidence at this CPD level.

At Level 2, he will need to cover a broad range of CPD topics over the 5 year revalidation cycle, which are relevant to his job plan, including those areas which he covers during on-call periods. Whilst he may not need to cover all topics in Level 2 of the matrix he should achieve sufficient to satisfy himself and his appraiser that he has adequately refreshed his knowledge and skills in the full breadth of his practice to ensure he is up-to-date and fit to practice. ICM and obstetric topics will both need to be included. In addition, if he is a College Approved Trainer and is involved with the teaching and assessment of trainees, he should be up to date on the principles of work-place based assessment (2H01) and complete educational supervisor training if appropriate (2H02). These topics will require a combination of internal and external CPD activity.

As a staff grade there will be no mandatory requirement for Dr C to complete any Level 3 CPD. However his practice includes pre hospital care and whilst much of this will be covered by the CPD identified in Levels 1 and 2, he may need to complete some Level 3 CPD activity in this area to ensure he is fully equipped to fulfil this role.

Dr D is a consultant paediatric anaesthetist working in a tertiary referral children's hospital. She manages children of all ages for a broad range of surgical specialities but her speciality interest is paediatric cardiac anaesthesia. In independent practice she regularly manages an ENT list which includes children and adults.

CPD requirements

Dr D will need to fulfil the Level 1 matrix requirements. As she manages children and adults within her practice she will need to achieve advanced life support skills for patients of all ages. Although she manages mostly children, Dr D will need to ensure that she covers CPD topics at Level 2 relevant to the full scope of her practice. As she manages some adults in independent practice she should cover some of the topics in the 'General' domain and some specific ENT orientated CPD in each five year revalidation cycle.

As a paediatric specialist she will require a significant amount of Level 3 CPD in paediatric anaesthesia but particularly in relation to her paediatric cardiac practice to ensure that she remains up to date with the latest developments in this sub-speciality. She may like to refer to the Association of Paediatric Anaesthetists (APA) website or other speciality society website for cardiac anaesthesia for suggestions for topics to cover for Level 3 CPD. In addition, she is involved with the teaching and assessment of trainees so should be up to date on the principles of work-place based assessment (2H01) and complete educational supervisor training if appropriate (2H02). These topics will require a combination of internal and external CPD activity.

Dr E is a consultant anaesthetist specialising in adult intensive care medicine in a teaching hospital. Most of his clinical sessions are in ICM but he does a weekly all day hepatobiliary list which includes patients having liver resections. All of his on call duties are in ICM. He does regular independent anaesthetic practice for general surgical cases.

CPD requirements

Dr E will need to fulfil the Level 1 matrix requirements including advanced life support for adults including special situations.

His anaesthetic practice is restricted to general and hepatobiliary surgery. He should consider achieving a range of topics from the general domain at Level 2 as well as some aspects of pain medicine, regional anaesthesia that may be relevant to perioperative practice. As he is an educational supervisor for ICM he will need to complete the requirements of the education/training domains in Level 2.

As an ICM specialist he will need to complete a significant amount of Level 3 CPD in ICM. He should refer to the FICM/ICS websites for suggestions for Level 3 ICM topics. He will also need to complete some Level 3 activity relevant to his major case hepatobiliary practice.

Appendix 3

CPD Reflective Note Guidance and Template

The aim is to devise a template that supports reflection on all types of CPD activity in order to promote learning, and which moves doctors away from completing a 'tick box' exercise. Learning should involve a development in the knowledge, skills and attitudes of an individual. Doctors should also consider how their learning may impact on their practice (patient care and safety, colleagues, allied health professionals and organisational impact).

Reflection should occur as soon as possible following the event – to be contemporaneous and meaningful.

Each box should be completed and one word answers should be avoided.

More experienced or instinctive reflective practitioners may ignore the additional information in the drop down boxes, which would remain available for those who would like more guidance.

TEMPLATE

Title and description of activity

- Include the date of activity
- Why was this activity selected for CPD

What was the learning need or objective that was addressed?

- CPD activities should ideally be linked to learning objectives, either agreed as part of your personal development plan (PDP) or those that you have considered desirable for your own development.
- Describe how the activity contributed to the development of your knowledge, skills or attitudes.
- If helpful, map your reflections to the GMC's Good Medical Practice Framework Domains and Attributes:
Knowledge, skills and Performance
Communication/Teamwork
Quality and Safety
Maintaining Trust

What was the outcome of the activity?

- How have your knowledge, skills and attitudes changed?
- Have you identified any skills, attitude and knowledge gaps?
- How will this activity improve patient care or safety?
- How will your current practice change as a consequence of your learning from this activity?
- What aspects of your current practice were reinforced by this activity?

Further learning needs

- Outline any further learning or development needs highlighted by the activity.
- How do you intend to address these?