Continuing Professional Development: Guidance for Doctors in Anaesthesia, Intensive Care and Pain Medicine
Continuing Professional Development:
Guidance for Doctors in Anaesthesia, Intensive Care and Pain Medicine

Revalidation and CPD guidance series
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All enquiries in regard to this document should be addressed to the:
Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1699 revalidation@rcoa.ac.uk www.rcoa.ac.uk/revalidation
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Introduction

Keeping up to date with professional developments is an integral part of good medical practice and is an important component of revalidation. The General Medical Council (GMC) has emphasised that continuing professional development (CPD) should be tailored to the specific needs of the individual doctor, based on his or her personal practice.

This document represents the view of the College on how CPD should be carried out by doctors working in anaesthesia, intensive care and pain medicine.

The Royal College of Anaesthetists (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 in anaesthesia, critical care and pain medicine. As such, this document also sets the standards for CPD in the specialty.

Dr Richard Marks
RCoA Council Member and Revalidation and CPD Lead

Mr Don Liu
RCoA Revalidation and CPD Manager
1 Definition and key principles of CPD

Continuing professional development (CPD) is a continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour. CPD should also support specific changes in practice that will benefit patients.

- The College expects every doctor to undertake a minimum of 50 hours CPD (equating to 50 CPD credits) per year, though most doctors do more than this.
- All doctors in non-training grades should participate in CPD.
- You must remain competent and up to date in all areas of your practice.
- You are responsible for identifying and planning your individual CPD needs, bearing in mind:
  - your personal fields of practice,
  - anticipated changes and developments, and
  - the needs of the service.
- Your CPD should encompass a variety of activities, including:
  - formal and informal learning activities, and
  - local and regional/national activities.
- Employers should help to facilitate CPD.
- You must regularly reflect on what you have learned.

The Royal College of Anaesthetists supports the Academy of Medical Royal Colleges Core Principles for CPD (2016).

2 Planning your CPD activities

The content of your CPD should be planned in order to ensure that you remain competent and up to date in all areas of your professional practice. This includes:

- regular clinical work
- on-call duties
- voluntary work, and
- non-clinical work.
You should plan the precise content of your CPD in discussion with your appraiser, in the light of:

- your personal fields of practice
- anticipated changes and developments
- the needs of your patients, your colleagues and the wider community, and
- specific issues identified as a result of remediation.

2.1 Personal development plan
Planning your CPD should be an integral part in formulating your personal development plan (PDP). 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 Good Medical Practice Framework for Appraisal and Revalidation (2012) provides a useful structure for CPD and covers the following four domains:

- knowledge, skills and performance.
- safety and quality.
- communication, partnership and teamwork.
- maintaining trust.

2.2 The role of the employer
Planning your CPD will help employers to identify, co-ordinate and resource the learning and development needs for all of their staff.

The GMC recommends that doctors with managerial responsibilities should do their best to make sure that the individuals and teams they manage are able to fulfil their professional duties, and that resources (including time) are made available to allow doctors to develop. The GMC has published an Information Sheet for Employers on CPD.
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.

3 The CPD Matrix: knowledge and skill areas for CPD

The CPD Matrix, developed by the College, provides a taxonomy and structure for planning CPD activities. See the CPD section of the College website (www.rcoa.ac.uk/cpd).

Doctors in anaesthesia, intensive care and pain medicine should use it as a resource, in light of their professional practice, in helping to identify their CPD requirements.

Educational providers should be able to map the content of their courses and activities against the knowledge and skill areas covered by the CPD Matrix.

The CPD Matrix, together with examples of how it can be applied by anaesthetists in planning their CPD, can be downloaded from: www.rcoa.ac.uk/cpd.

3.1 Three levels of the CPD Matrix

The knowledge and skill areas in the CPD Matrix are divided into three levels.

- Level One of the CPD Matrix includes core knowledge areas for anaesthesia, including basic science and medico-legal issues.
- Level Two is based upon both the knowledge and skills that are relevant to an individual doctor’s ‘whole’ practice.
- Level Three covers the knowledge and skills required by those whose clinical practice includes one or more special interest area in their routine clinical practice.

The knowledge and skill areas listed are not exhaustive, and doctors may wish to participate in activities that fall outside of the CPD Matrix. The CPD Matrix is subject to periodic review.
4 Verification and recording of CPD

For revalidation and appraisal purposes you will be expected to provide evidence to verify that you have undertaken CPD. 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 self-assessment certificates
- written verification of attendance with a named consultant, or attendance as an examiner/observer, and
- copies of papers/publications that you have written.

This list is not exhaustive, and other methods of verification may be appropriate. Where evidence from participation in a CPD activity is not readily available you should still record it by documenting your reflection and any learning outcomes.

The College provides an online system for the recording of CPD activity and personal reflections (www.cpd.rcoa.ac.uk). All doctors who maintain an annual membership subscription with the College/Faculties of the College can register and use it.

4.1 Reflection

Reflection on 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.

5 Minimum and maximum amounts of CPD

The College expects every doctor to undertake at least 50 hours of CPD per year. Most doctors exceed this. Some documents on CPD refer to CPD credits – it is assumed that one credit equates to one hour of activity, and the terms can be used interchangeably.

Certain courses and meetings, and other CPD activities, have a maximum annual credit allocation. This restriction is intended to ensure that you spread your CPD widely across a range of activities.
5.1 Balanced approach to CPD

To ensure a balanced approach we recommend that of the 50 hours per year a minimum of 20 per year should be achieved in each of external and internal activities.

Of the 20 hours of internal activities the College recommends a minimum of ten should be from participation in local clinical governance meetings.

Examples of external and internal activities are provided below.

5.2 Participating in repeated and broadly-similar activities

Where a learning opportunity is broadly similar – for example delivering the same lecture or attending the same course repeatedly – the CPD credits should only be obtained once per year.

6 External and internal activities

The College recommends that all doctors partake in a broad range of activities, including each of:

- **External**, e.g. regional/national/international educational meetings organised by national bodies, specialist societies or commercial providers.

- **Internal (i.e. within the employing organisation)**, e.g. hospital mortality and morbidity and clinical governance meetings and locally-organised teaching programmes.

- **Personal study**, e.g. private reading, e-Learning and other similar activities. This should be recorded as an internal activity when documenting your CPD, e.g. in the College online CPD system.
### 7 Specific types of CPD activity and exclusions

The following guidance describes the kinds of activities that the College recognises for CPD.

<table>
<thead>
<tr>
<th>Courses and meetings</th>
<th>All doctors should take part in these activities.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>▪ Attendance at regional, national or international courses approved by the RCoA, or by another medical royal college or faculty.</td>
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<td></td>
<td>▪ ATLS/ACLS, ALS, APLS, BATLS, IMPACT, PALS, PHEC, PHTLS, PTEC, MIMMS, TEAM or similar (instructors and participants).</td>
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<tr>
<td></td>
<td>▪ Equal opportunity and diversity training.</td>
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<td></td>
<td>▪ College Tutor meetings, where applicable.</td>
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<tr>
<td>Examing or observing postgraduate examinations</td>
<td>▪ Normally a maximum of four days per year would be recognised as part of a balanced CPD programme.</td>
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<td>Long-term study programmes</td>
<td>▪ Study towards a Masters or similar programme would be recognised.</td>
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<tr>
<td></td>
<td>▪ Protracted study in one specialised area does not remove the necessity to maintain a broad-based CPD portfolio.</td>
</tr>
<tr>
<td>Medical and academic writing</td>
<td>▪ Books, journal articles, case reports and editorials.</td>
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<td>▪ Editorial activity.</td>
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<td>▪ Oral or poster presentations.</td>
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<tr>
<td>Developing clinical policies</td>
<td>▪ Preparing and writing guidelines and planning audits.</td>
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<tr>
<td>Acting as an external advisor</td>
<td>Acting as an advisor on behalf of the specialty for external agencies such as NICE, CQC, NCEPOD.</td>
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<tr>
<td>Working with another consultant</td>
<td>Working with another consultant in order to learn or refresh specific techniques or skills.</td>
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</table>
| Delivery of education | Formal teaching.  
| | Structured lectures, tutorials and demonstrations.  
| | Preparation of teaching.  
| | Informal ‘in-theatre’ teaching would not normally be recognised. |
| Local clinical governance meetings | All doctors should take part in all of these activities, and we recommend a minimum of ten hours per year.  
| | Mortality and morbidity meetings.  
| | Audit meetings.  
| | Critical incident reporting and case conferences. |
| Local formal teaching | Department-wide clinical teaching. |
| Personal study | All doctors should keep up to date with the professional knowledge base through:  
| | Private reading of relevant books and journals.  
| | Podcasts.  
| | e-Learning.  
| | These activities should be self-accredited (i.e. recording 1 CPD credit for each hour of activity) and accompanied by documented reflective learning. |
8 Special circumstances

8.1 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 Medicine (www.ficm.ac.uk/cpd-and-revalidation).

8.2 Doctors working less than full-time

All doctors should remain up to date with their CPD requirements. 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. Employers should try to be as flexible as possible in enabling this commitment to be met with regard to current NHS guidance on equality and diversity.

9 College approval of external educational events and meetings

All educational providers seeking RCoA CPD approval for their events and meetings 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.
- An accurate recording of the names of people who attended, including GMC numbers. This should be kept for a minimum of five years.
- A CPD certificate for participants indicating attendance at the event and number of CPD credits gained.
- 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.

Guidance and application forms for event providers seeking CPD approval can be downloaded from the College website.
10 Resources and further information

College and Faculties

- Online CPD system – registration and login
  www.cpd.rcoa.ac.uk
- RCoA CPD Matrix (including examples of application)
  www.rcoa.ac.uk/cpd
- FICM CPD Matrix
  www.ficm.ac.uk/cpd-and-revalidation

Academy of Medical Royal Colleges

- CPD Reflective Note Guidance and Template

General Medical Council

- Continuing Professional Development: Guidance for all doctors [2012]
- Good Medical Practice Framework for appraisal and revalidation [2012]