

Scheme for Continuing Professional Development of Doctors in Occupational Medicine

FACULTY OF OCCUPATIONAL MEDICINE

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Statement of Principle

The Faculty of Occupational Medicine (FOM) was formed in 1978 to provide a professional and academic body empowered to develop and maintain high standards of training, competence and professional integrity in occupational medicine.

Its objectives are to:

- act as an authoritative body for consultation in matters of education and public interest concerning occupational medicine
- promote for the public benefit the advancement of education and knowledge in the field of occupational medicine
- develop and maintain for the public benefit the good practice of occupational medicine, providing for the protection of health and wellbeing of people at work by ensuring the highest professional standards of competence and ethical integrity

The FOM considers that engagement in Continuous Professional Development (CPD) and engagement in an appropriate personal development plan (PDP) are integral to occupational physicians maintaining high professional standards.

This document describes the key features of a CPD scheme and the FOM's expectations of how this is relevant to occupational physicians who wish to maintain the highest professional standards.

The FOM supports the Academy of Medical Royal Colleges' (AoMRC) Core Principles for Continuing Professional Development published in October 2016.

The FOM also supports the approach to CPD for revalidation as published by the GMC and as also described in the Pearson Review (2017). The Pearson review highlighted that the requirements on doctors, which would include the expectations of CPD in an appraisal scheme, are not in excess of what is considered necessary by the GMC.

Definition of Continuing Professional Development

The GMC define Continuing Professional Development (CPD) as:

“any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities.”
[GMC, 2012]

Responsibilities of Employers

In its Guidance on Continuing Professional Development [GMC 2012] the GMC also state:

“Employers and contractors of doctors' services are responsible for making sure their workforce is competent, up to date and able to meet the needs of the service. They should maintain and develop the skills of all of their medical staff whether they are consultants, staff grade, specialty or associate specialist (SAS) doctors, sessional general practitioners (GPs), locum doctors or trainees. They should also facilitate access to the resources (including the time to learn) that will support this.”

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.

The rationale behind participation in CPD and the relevance of CPD to revalidation

Revalidation is the process by which licensed doctors demonstrate on a regular basis that they are up to date and fit to practise.

The key contribution of CPD to Revalidation was originally set out in the Chief Medical Officer's Report, 'Medical Revalidation – Principles and Next Steps' [AoMRC, 2009]. This informed the FOM previous approach to CPD

The AoMRC has since refined the approach to CPD in recognition of its members' experience of revalidation. In 2016 the AoMRC published its new core principles document which the FOM again uses as the basis for its guidance to occupational physicians.

The Academy of Medical Royal Colleges' Core Principles are set out below

1) Individual Responsibility

Doctors have a responsibility for their own learning and for recording Continuous Professional Development (CPD) that has educational value. It should be appropriate to their fields of practice and anticipated future changes, and the needs of the service in which they work. The responsibility for identifying and prioritising professional requirements rests ultimately with the learner. Learning may reinforce existing good practice as well as enhancing knowledge, skills and behaviours.

2) The Importance of Reflection

Doctors should always reflect on the learning gained from their CPD and any changes made as a result, including the likely effect on their professional work and any further learning needs identified. Reflection will help a doctor assess whether their learning is adding value to the care of their patients and improving the services in which they work, and they should record any impact (or expected future impact) on their performance or practice.

3) Scope of Work

Doctors should be participating in CPD and reflection which cover the whole scope of their professional practice. This includes NHS work, independent practice, voluntary work which involves patients and professional activities such as education, management and research. It is not expected that CPD will be undertaken in every area of professional work every year, but doctors should ensure all aspects are supported adequately over the five year cycle.

4) CPD and Annual Appraisal

Doctors should present their CPD undertaken during the year and associated reflection, for discussion and assessment at their annual appraisal. The appraisal discussion should include the learning and/or changes in practice that have arisen from the activities. A doctor's professional development needs should be considered and agreed with their appraiser, and the most significant needs should form part of the doctor's SMART Personal Development Plan (PDP).

Planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not solely at annual appraisal.

5) Balance of CPD

There should be a balance of learning methods and experiences, for which doctors should provide appropriate supporting information and reflection. It is important that doctors undertake a significant proportion of their CPD with colleagues outside of their normal place of work (often termed "external") to avoid professional isolation. Other CPD should take place with colleagues and teams within the workplace on topics directly related to the doctor's professional practice (often termed "internal" CPD).

Doctors should participate in peer-based learning in their speciality or field of practice. Discussing and disseminating their learning to others may help consolidate a doctor's learning and enhance that of the team in which they work. Doctors can achieve this through peer reviews and participation in speciality networks.

Recognised learning will also come from personal study such as reading of relevant books and journals and from internet based learning. This should be self-accredited and accompanied by reflective learning.

6) Documenting CPD

The focus of CPD should be on its quality and reflection of its impact on the doctor's practice, rather than the amount of time spent on the activity. Doctors will need to collect evidence to record their CPD, normally using a structured portfolio. CPD schemes or programmes organised by Colleges or professional associations can be a convenient way of doing this.

Doctors are required by the GMC to do enough appropriate CPD to remain up to date and fit to practise across the whole of their scope of work. There is no regulatory requirement to acquire a particular number of "credits" each year. However, for doctors who wish to be guided by a credit based approach, a target of 50 credits each year and 250 credits over five years is recommended.

7) Employer's Responsibilities

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 must facilitate access to adequate resources to allow staff to develop, including adequate time. Employers and contractors should plan and coordinate the CPD needs of their staff and monitor the effectiveness of their doctors' CPD activities. All doctors, including Speciality doctors, Associate Specialists, Staff and Trust doctors follow the same CPD guidelines and should therefore have equal access to protected time for CPD, funding and study leave. Doctors who work less than full-time are still required to achieve the same balance and coverage/standards of CPD as full-time doctors, so require the same access to funding and study leave.

In some circumstances, participation in CPD may be difficult or impossible for periods of time; for example, because of long term illness, or maternity leave or study leave. At the point of returning to work after such, it is important that there is an appropriate plan to allow doctors to return to work safely.

The implications of the AoMRC guidance for Occupational Physicians

CPD should help a doctor keep up to date and competent in all the work he/she does. It should affirm what a doctor does well, address any areas for improvement & explore new knowledge.

The focus of CPD should be on its quality and the reflection of its impact on a doctor's practice, rather than the amount of time spent on each activity. The written reflection is crucial to improving an individual doctor's medical practice.

The guidance from the AoMRC has moved away from a system requiring a specific number of 'credits' or hours of CPD. CPD undertaken should instead be guided by the doctor's PDP agreed at the previous annual appraisal. The GMC also does not mandate an annual CPD credit target.

In line with this the FOM now no longer mandates a target of 50 credits per year. Nevertheless individuals will still need to engage in suitable and sufficient CPD activities during the appraisal year.

A doctor working full time will commonly have a study leave allocation of 5 days per year. A doctor in that situation would be expected to record and reflect on study leave activity.

By doing so they will, in general, have demonstrated engagement in a sufficient amount of CPD and have satisfied the FOM's expectation for its members

However, the final judgement on whether an occupational physician has undertaken adequate CPD will be made at their professional appraisal. The appraiser will have sufficient knowledge of the doctor's scope of practice and portfolio of work enabling that judgement.

The categorisation of CPD

Neither the GMC nor AoMRC recommends that CPD activities must be classified as external, internal and personal and that a specific balance across all of these categories should be achieved. Often the distinction is very unclear between these categories.

Key instead is the quality of any activity, its benefit to the individual and its impact on their practice. Additionally it is recognised that individuals have different learning styles. Some may prefer online learning, others may prefer face to face CPD activities

The AoMRC does however recommend that a greater proportion of CPD is "external" as this is believed to have an evidential base of benefit, principally thorough peer to peer learning.

Such activities are typically hosted outside the doctor's employing organisation and with a broad audience of doctors and professionals – e.g. study courses, conferences, workshops and symposia.

The judgement on whether an occupational physician has undertaken sufficient external CPD will be made at the annual appraisal by the appraiser. The FOM approves CPD events which meet suitable standards of quality and relevance and has a reciprocal agreement concerning CPD approval with other Colleges and Faculties. Individuals and their appraisers will need to make a judgement on the relevance of CPD undertaken out with the specialty of occupational medicine.

Not all events of acceptable relevance need to be approved in advance by the FOM or its sister Colleges. The needs of Members vary considerably and may be met by meetings for which it would be unreasonable to expect prior approval (e.g. overseas meetings and multi-disciplinary or specialist meetings attended by few occupational physicians).

The following list details some common external categories of CPD in occupational medicine:

- Meetings organised or supported by the FOM or SOM
- Other meetings approved for CPD by the RCP or another College or Faculty
- Local SOM Group Meetings; meetings of ALAMA, ANHOPS and industrial group meetings
- Other courses and meetings (UCL, CHIME, IRS, IOH etc) including those providing management or personal development
- International/overseas meetings
- Local postgraduate meetings
- Clinical skills/knowledge improvement 'updates'
- Educational visits to other companies, industries and academic institutions
- Online CPD
- Participating in FOM examinations

Planning and review of individual CPD activity

Participants will need to collect evidence to confirm CPD activity. This will normally be done using a structured CPD diary. This diary will be reviewed as part of the process of appraisal and revalidation.

A CPD diary can be found within the FOMs online PReP System. The FOM recommends its use for the recording and reflection of CPD however recognises that other methods of recording and reflecting on CPD, such as the GMC app, are available and are no less valuable.

The evidence required to support each CPD activity should include where appropriate a certificate of attendance, course/symposium programme or certificate of completion of e-learning.

Evidence of attendance in the form of programmes and attendance certificates can be uploaded into Prep or can be collected separately and retained in hard copy for audit and revalidation purposes until the end of the current revalidation cycle.

In addition to the documentation referred to above, CPD participants should provide evidence of reflection, change in practice or identify further learning needs to demonstrate that they have done more than passively attend a CPD activity.

Reflection is a critical part of demonstrating that an occupational physician has considered the benefit of a CPD activity in respect of his or her practice and gone on to indicate how that practice has changed.

There are numerous reflection templates available for use. Not all members will use them. Some may prefer to record their reflection directly onto their appraisal document or diary depending on which system they use.

Special circumstances

All doctors holding a licence to practise should remain up to date with the FOMs CPD requirements. Doctors working less than full time have the same obligation to provide high quality patient care as those working full time and thus should maintain commitment to their CPD.

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:

Doctors undergoing remediation

CPD will be an essential part of the remediation process.

Doctors who are suspended

Doctors can engage in CPD whilst suspended

Sick-leave, Maternity Leave or other Career Breaks

Depending on the length of absence from clinical practice the doctor should aim to achieve sufficient CPD activity over a revalidation cycle.

The doctor's appraiser should be able to guide the doctor on their CPD requirements.

Non-consultant career grade doctors

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty.

Doctors working in isolated environments outside the UK

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.

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