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Editorial
The future of CPD

Cornelius Katona & Gethin Morgan

Continuing Professional Development (CPD) has by now become an integral part of the working life of the majority of psychiatrists. Good CPD provides a framework for 'lifelong learning' enabling us not only to keep up-to-date, but also to sustain our interest and our intellectual excitement. The increasing use of 'evidence-based' case conferences and journal clubs also provides opportunities for making individual CPD relevant to clinical practice. External forces ensure that the proportion participating in some form of CPD will increase rapidly. Clinical governance gives National Health Service trusts the responsibility for ensuring the quality of local clinical services – and the soundness of local clinicians. In addition, it is a racing certainty that some form of re-validation procedure for consultants will shortly be introduced. Within our College, participation in CPD is now mandatory for MRCPsych examiners and clinical tutors; the Court of Electors has recently agreed in principle to make CPD mandatory for the much larger group of educational supervisors.

Plenty of 'sticks' then, forcing us to take part in CPD. The challenge for the College and for its CPD Committee is to provide the 'carrots'. For participation to be personally worthwhile rather than just a paper exercise, the process must be educationally meaningful, feasible within the time and financial constraints of the clinical (or academic) workload, and, just as importantly, enjoyable. The College system will also have to meet local trust needs to make CPD a viable addition to trust-led schemes.

Perhaps the biggest obstacle to CPD participation reported by psychiatrists who have declined to enrol is lack of time. Clinical governance ensures that trusts will no longer be able to (or wish to) place workload or financial barriers to clinicians' participation in CPD. It should also be recognised that many psychiatrists (even those not enrolled in CPD) are in fact actively pursuing active 'lifelong learning' – and indeed were doing so long before the existence of CPD programmes. We need to provide a framework that acknowledges and formalises such activity. Part of this has already been achieved through recent changes in our scheme, particularly: simplification of CPD 'units' into just two categories – local and external; reduction of minimum hours per year to 50 (with private study expected but not 'counted'); and increased flexibility through a five-year rolling programme.

Several challenges remain. Personal needs and interests need to be balanced with the development and maintenance of the range of knowledge and skills essential to good practice. This can best be achieved through personal development plans, probably linked to a peer-group review or mentoring system. The CPD Committee is actively pursuing this approach. Opportunities to pursue CPD need to be made available locally while ensuring that high standards and breadth of content are maintained. A College-based scheme with local support (through regional CPD coordinators) is the right framework to deliver this. CPD needs to be seen as an integral part of the service the College provides for eligible Members and Fellows. The financial and logistical implications of making CPD available without a separate subscription fee are currently being explored.

Perhaps the biggest challenge is the prospect of re-validation. At the time of writing, the matter rests with the General Medical Council. The Royal Colleges will probably take the lead in monitoring standards and administering the re-validation process. To do this effectively, they will have to be proactive, decisive and able to counter the 'cosy', 'old boys' network' criticisms laid against them (not least by our own President). Effective, educationally

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valid CPD is central to this. Not only will active participation in CPD be essential for individual re-validation but, more fundamentally, the CPD framework may also provide the most appropriate framework for re-validation as a whole.

As outgoing (G.M.) and incoming (C.K.) directors of CPD we are both committed to meeting these challenges. We need your input into the process and your participation in the programme. We look forward to working with you to make CPD work for you.

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