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Editorial
Continuing professional development

Gethin Morgan

The numbers participating in continuing professional development (CPD) are increasing steadily, but there is still a long way to go before we can claim that our programme enjoys the support of the great majority of clinicians. Uptake by non-consultant career grade psychiatrists is particularly poor. Those of you who are registered for CPD could help by discussing it with any such colleagues who work closely with you. In particular, it is important to ensure that they understand what CPD is about, and its relevance to all who assume day-to-day clinical care of patients. I suspect our non-consultant colleagues are uncertain as to the facts concerning CPD and I would much appreciate any help you can provide in helping them to be fully informed.

The College is currently undertaking an important survey of attitudes to CPD based on a representative sample of clinicians in the South and West College Division. The aim then is to review CPD policy in the light of the findings from this survey. It would be very useful to have any comments you may wish to make about your own experience of CPD, with regard to any problems you may have encountered or ways in which you have found CPD helpful. The more information we have, the better. CPD is more than a mere expedient to counter demands that we should demonstrate our continued clinical competence. It ought to help us pace our educational activities, in terms of both the time we devote to them and their content.

Recently the College CPD Committee has debated the possibility that priority topics for CPD should be identified. You will be aware that, in line with all other medical Colleges, CPD has previously been measured merely in terms of time spent in appropriate educational activities. The focus on content began some months ago when the Chief Medical Officer called a conference entitled 'Continuing medical education – making sure it works'. Wide consultation within the College, as well as with psychiatrists from other European Union countries, focused on the challenging task of trying to identify clinical topics and skills essential for anyone who undertakes emergency on-call generalist duties in psychiatry (Box 1). (This exercise was also carried out at the conference by all other medical specialities.) An attempt was also made to rank these topics according to perceived importance and priority, but there was much debate as to the value of this and I have not included such data in Box 1. We are left with the problem of evaluating the usefulness of such a list, and on this point there is considerable difference of opinion. Some, including myself, see it as a useful step forward, in helping clinicians to check the content of their CPD portfolio and so ensuring that a reasonable balance is maintained over the spectrum of important topics. We are all at risk of neglecting some topics in favour of our special interests. The CPD Committee, which now includes all CPD regional advisors as full members, is looking at ways of encouraging the development of educational events at regional and local levels in order to reduce the cost for participants and to make them more easily available to all the 'workforce'. General agreement on priority topics should help clinicians see the relevance of such meetings and so encourage attendance. A focus on content seems to me to be a welcome development, but this is still a matter of vigorous debate in the CPD Committee, with regard both to the list in Box 1 and to more general topics which are being looked at by our Deputy Chairman, Dr Tom Sensky. It will clearly be necessary to ensure that such lists are not used in a restrictive way to prescribe CPD in too narrow a sense. We are all agreed that they cannot be seen as anything more than a rough guide. Let me again emphasise that the list included here will still be

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subject to wide discussion within the College before any consideration can be given to adopting it in any formal way. In particular, it is not intended to undermine the principle of self-directed learning and the importance of personal development plans: one should complement the other. I would be interested in your views about the value of such a list in guiding your CPD work.

Finally, the question of regular clinical reappraisal. I am as much in the dark as anyone else as to what will be proposed, but I predict that it is not a matter of whether, but when this will become obligatory for all who continue in clinical practice. I hear much talk of peer review, which seems to be a possible option, perhaps involving representatives from employers (National Health Service trusts). Exactly how this might be done is uncertain, but we need to ask ourselves what would be the role for CPD. We have developed CPD as essentially an educational exercise, and any attempt to transform it into a regulatory one would change our basic assumptions about its nature and purpose. Nevertheless, clinicians might, at their discretion, wish to offer evidence of CPD participation as part of any regular clinical appraisal. In this way they would remain in control of their personal CPD data, and use it as they think fit. I mention this to alert everyone to developments concerning clinical reappraisal, which might otherwise take us by surprise.

Box 1. Conditions that hospital specialists undertaking generalist on-call duties in psychiatry should be able to manage

- Awareness of the way the clinical service is organised, the individual's role within it and arrangements for emergency on-call duties
- Application of relevant mental health legislation
- Assessment and management of persons in police custody
- Assessment and management of deliberate self-harm
- Risk assessment and management of aggressive behaviour
- Assessment and management of depression
- Assessment and management of schizophrenia and related illnesses
- Assessment and management of hypomanic states
- Assessment and management of severe anxiety
- Assessment and management of acute conditions related to psychoactive substance misuse and dependence
- Assessment and management of acute confusional states
- Assessment and management of chronic organic brain disorders
- Awareness of the occurrence of psychiatric illness in people with learning disabilities and the assessment and management of issues related to their mental health
- Assessment and management of acute psychosomatic illness
- Assessment and management of epilepsy and its psychiatric complications
- Assessment and management of women suffering form puerperal psychosis/severe post-partum depression
- Assessment and management of physical, psychological and sexual abuse, particularly with regard to children and the elderly
- The use of electroconvulsive therapy
- Assessment of mental competence and knowledge of law regarding consent and the incompetent adult
- Knowledge of the principles of prescribing psychoactive drugs; assessment and management of adverse reactions to psychotropic drugs
- Immediate management of physical emergencies which may occur in settings outside general hospitals
- Assessment and management of adolescents with psychological/behavioural disorders

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