



# CONTINUING PROFESSIONAL DEVELOPMENT: **A GUIDE FOR SURGERY**

Federation of Surgical Specialty Associations | The Royal College of Surgeons of Edinburgh  
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## Introduction

### **Definition**

CPD is the engagement in a continuing learning 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.

### **Requirement of revalidation**

All surgeons in non-training grades who have a licence to practise and wish to remain on the GMC register must participate in CPD activities to meet the requirements of revalidation. The GMC will require documented proof of CPD as an essential part of successful appraisal and revalidation.

### **Individual responsibility**

It is the responsibility of individual surgeons to keep abreast of new developments that apply to their roles and practice and ensure that they undertake a range of CPD activities that reflect the needs of their practice and their own learning. For a CPD scheme to be effective it should be flexible and largely based on self-evaluation.

## Which activities qualify as CPD?

### **Educational benefit**

The colleges recognise any activity which provides educational benefit to the individual surgeon as eligible for CPD. These activities can vary from attending courses, clinical workshops, developing courses, mentoring, research, reading journal articles, peer reviewing journal papers etc. There is no exhaustive list of potential CPD activities.

### **Developmental and relevant to practice**

The chosen CPD must be a genuinely developmental experience for the surgeon concerned. It must be relevant to a surgeon's actual practice and support their current skills and knowledge or their career development. Credit should not be claimed for activities that are not relevant to the surgeon's practice or for repeat activities (e.g. making a presentation several times) as these will have limited developmental value.

### **Accredited activities**

Some activities may be accredited by royal colleges and specialty associations. Accreditation of activities is not a mandatory part of the CPD requirements for revalidation but can guide surgeons to quality activities related to their practice. Surgeons should be able to justify to their appraisers that the activity contributed to their personal development.

## Summary of requirements

### Balance of activities

CPD should include activities both within and outside the employing institution, where there is one. There should also be a balance of learning methods. CPD activities should include professional development outside narrower specialty interests.

Surgeons should aim to achieve a balance of activities across three categories of activities: Clinical; Academic and Professional (including Managerial); and three environments: Internal; External and Personal. These can be represented in a simple matrix:

	Internal	External	Personal
Clinical			
Academic			
Professional (including Managerial)			

There are no minima or maxima in any category but surgeons should aim for a balanced programme that reflects their practice and development needs. It would normally be expected that a surgeon’s five-year CPD programme would include CPD activity within each category and environment (i.e. some entries in each box) but, depending on the surgeon’s role, it is recognised that this may not always be possible. Planned programmes should be agreed between a surgeon and their appraiser when setting a Personal Development Plan (PDP).

### Credit requirements

Surgeons should accrue at least 50 credits each year and at least 250 credits each revalidation cycle (i.e. five years) although there can be some flexibility from year to year at the discretion of the surgeon’s appraiser. Normally credits given are based on one credit equating to one hour of educational activity.

There are no limits on the number of hours that can be claimed for the same type of activity. However, to encourage a balanced programme, normally no more than 20 of the minimum 50 hours per year should come from a single type of activity. For example, a surgeon might publish three articles (30 hours) but an appraiser should be looking for a further 30 (rather than 20) to come from different sources.

It is expected that most surgeons in full time active practice would easily exceed the 50 hour minimum.

## Recording CPD

### Evidence of CPD activity

Surgeons are required to collect evidence of their CPD activity and the credits that are attributed to it. It is recommended that surgeons record data about their CPD activity using the Surgeons' Portfolio or a similar tool provided by their Trust. Supporting information such as certificates should be uploaded or retained by the surgeon in hard copy as proof.

Depending on the nature of each CPD activity recording can take place through a number of ways:

- » For verifiable activities (such as courses, events, committee meetings, or other types of activities organised by external providers) - Documentation to demonstrate participation in CPD activity may include certificates of attendance, letters from organisers, event programmes, attendance lists and minutes of meetings, printouts of participation in exams or college activities etc.
- » For non-verifiable activities (such as journal reading and information through the internet, or other types of activities that are organised and carried out personally by the surgeon) – Documentation to demonstrate CPD activity may include the surgeon's self-recording of hours spent on the activity.

### Reflective learning

Recording of CPD activity should include a reflection on the learning gained from each activity and the likely effect on the surgeon's professional work. The Surgeons' Portfolio provides space for guided reflection. The following points may be used to reflect on the activity:

- » Brief description of the activity including why you selected this activity for CPD.
- » What was the learning need or objective that was addressed?
- » What was the outcome of this activity?
- » Outline any further learning or development needs highlighted by the activity. How do you intend to address these?

## Planning and reviewing CPD at appraisal

A CPD programme should be planned and agreed between a surgeon and their appraiser during the annual appraisal, and as part of the surgeon's Personal Development Plan (PDP). The PDP should outline a series of development aims and how the surgeon intends to achieve these aims, including a summary of CPD activities planned for the coming year. When it comes to reviewing the CPD activities, surgeons are not required to submit information on their CPD to their College for certification. Instead, surgeons should present a summary of the CPD undertaken for discussion and assessment at their appraisal. The discussion with the appraiser should include the learning and/or changes in practice that

have arisen from the activities. The appraiser will also assess the relevance of the chosen CPD activities to the surgeon's practice and development needs.

## Responsibilities of employers

In its guidance on continuing professional development, published in 2012, the GMC states:

- » 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.
- » Employers and contractors should use the appraisal system, alongside job planning and PDPs, to plan and coordinate the CPD needs of their staff, to discuss how best those needs should be met, and to monitor the effectiveness of doctors' CPD activities.
- » 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

### **Part time work**

Surgeons working less than full time have an equal obligation to provide high quality patient care as do those working full time, and 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 surgeons. The use of a rolling five-year cycle can allow the average amount of activity to be maintained over five years if a shortfall occurs.

### **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. Where the absence is for more than a year, advice from the college or faculty should be sought.

### **Surgeons who have fully retired from clinical practice**

If a retired surgeon wishes to retain a licence to practise, then the CPD requirements of the College or Faculty should be met.

### **Surgeons 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 colleges or specialty associations. The surgeon 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 surgeon's appraiser.

### **Further information**

For any questions about CPD for appraisal or revalidation you can contact the helpdesks of the surgical royal colleges at:

Edinburgh: [revalidation@rcsed.ac.uk](mailto:revalidation@rcsed.ac.uk)

England: [revalidation@rcseng.ac.uk](mailto:revalidation@rcseng.ac.uk)

Glasgow: [revalidation@rcpsg.ac.uk](mailto:revalidation@rcpsg.ac.uk)

More information on the Surgeons' Portfolio can be found at:

Website: <https://www.surgeonsportfolio.org/>

Helpdesk: [helpdesk@surgeonsportfolio.org](mailto:helpdesk@surgeonsportfolio.org)

More information about the GMC requirements for CPD can be found on the GMC website:

[http://www.gmc-uk.org/education/continuing\\_professional\\_development.asp](http://www.gmc-uk.org/education/continuing_professional_development.asp)

**CPD checklist**

**An aid for the appraisal discussion**

<p>Choice of CPD activities</p>	<p>Do the activities chosen qualify as CPD? Have the activities developed the surgeon’s knowledge, skills or behaviour? Are the activities relevant to the surgeon’s practice? Has the CPD addressed the learning needs identified in the surgeon’s Personal Development Plan?</p>	
<p>Balance of CPD activities</p>	<p>Has the surgeon undertaken an appropriate balance of CPD i.e. between Clinical, Professional and Academic and between internal, external and personal? Does this reflect the surgeon’s practice and development needs? Has the surgeon met the CPD targets for each category of CPD set at their previous appraisal?</p>	
<p>Number of Credits</p>	<p>Has the surgeon accrued the minimum of 50 CPD hours each year? Are the credits from a sufficient range of activities (i.e. no more than 20 of the minimum 50 CPD hours from the same activity)? If there have been significant periods of absence, has it been possible for the surgeon to make up the lost credits?</p>	
<p>Recording and Reflection of CPD activities</p>	<p>Has the activity been appropriately documented and described? Is additional supporting information needed? Is there justification for the activity chosen? Is the learning need or objective clear? What was the outcome of the CPD activity? Has the CPD reinforced aspects of current practice? Has the CPD led to actual or potential changes in practice? What has been the impact on quality and patient care/ safety? Has the surgeon identified any further learning or development needs? If so how will these be addressed?</p>	