



# The Royal College of Emergency Medicine

## CONTINUING PROFESSIONAL DEVELOPMENT GUIDANCE AUGUST 2017

Dear Colleague,

We are pleased to introduce the latest edition of the Royal College of Emergency Medicine (RCEM) Guidance for Continuing Professional Development (CPD), reviewed in June 2017. This edition takes into account current national recommendations for CPD and a greater need to focus on outcomes of learning in line with GMC expectations. The main changes to the previous RCEM guidance issued in 2013 are summarised below:

- There is a greater emphasis on self-accreditation – any event or activity that you learn from can be recorded as CPD and does not require formal RCEM approval
- The focus on credits is reduced and there is no longer a requirement for a minimum number of credits per year
- RCEM no longer provides formal accreditation or awards CPD credits to events provided by external organisations
- RCEM no longer undertakes quality assurance or audit of individual annual CPD returns as this is more appropriately scrutinised through local appraisal systems and revalidation.

Revalidation criteria state that emergency physicians must meet the standards required of their specialty. An important component of this is evidence of adequate and appropriate CPD. It is intended that by following the RCEM CPD guidance you will be able to provide evidence of this requirement.

RCEM encourages and welcomes feedback on the guidance, and the Director of CPD is happy to answer any queries and listen to suggestions. If you have any queries relating to CPD and its relationship to revalidation please email [rcemlearning@rcem.ac.uk](mailto:rcemlearning@rcem.ac.uk)

Dr Carole Gavin

RCEM Director of CPD

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# 1. INTRODUCTION

## 1.1. Definition of Continuing Professional Development (CPD)

CPD is any learning outside of undergraduate education or postgraduate training that helps doctors maintain and improve their performance. It covers the development of their knowledge, skills, attitudes and behaviours across all areas of their professional practice. It includes both formal and informal learning activities<sup>1</sup>

Effective CPD is the way that emergency physicians, using a range of learning activities, maintain and develop their skills and knowledge in order to keep up to date and fit to practice, and to maintain the professional standards required throughout their careers.

## 1.2. GMC expectations and revalidation requirements

The GMC has published 'Continuing Professional Development: [Guidance for all doctors<sup>1</sup>](#)' which explains what the GMC expect you to do in order to maintain and improve your practice through CPD, and how to meet the CPD requirements for revalidation.

The GMC guidance states clearly that CPD is one of the 'inputs' to achieving improvements in the safety and quality of care provided for patients and the public. As such, the GMC does not mandate specific CPD, but is concerned with the 'output' of the doctor being 'fit to practice'. The responsibility for being fit to practice lies with the individual doctor and revalidation is the regulatory process whereby the doctor must demonstrate that they are up to date and fit to practice. CPD is one of six areas of required supporting information discussed at annual appraisal, which forms the basis of the [revalidation recommendation to the GMC<sup>2</sup>](#). The annual appraisal discussion encompasses both a review of the previous year's CPD activity and learning and identification of future needs and activities which should be documented in the individual's personal development plan (PDP).

The College has developed specialty-specific standards for Fellows and Members as part of our [Guidance on Supporting Information for Revalidation](#).

## 2. THE ROYAL COLLEGE OF EMERGENCY MEDICINE CPD SCHEME

### 2.1. Core principles of the RCEM CPD scheme

The purpose of CPD is to help improve the safety and quality of care provided for patients and the public. CPD should be reflective lifelong learning, allowing you to develop within the speciality of emergency medicine, and it should also support you in developing outside or subspecialty interests.

CPD should encourage and support specific changes in practice and career development, and be relevant to your practice. It is not an end in itself.

The RCEM CPD scheme provides a specialty-based framework for all career grade emergency physicians, as well as tools to support you in planning, undertaking and recording your learning.

The RCEM's CPD Guidance is based on GMC guidance and on the Academy of Medical Royal Colleges' (AoMRC) '[Core Principles for Continuing Professional Guidance](#)' as revised in July 2016<sup>3</sup>.

### 2.2. Planning your CPD

Individual doctors have responsibility for identifying and prioritising their own CPD requirements which should be appropriate to their personal fields of practice and anticipated future changes, and the needs of the service in which they work. Learning may reinforce existing good practice as well as enhancing knowledge, skills and behaviours.

Planning and evaluating CPD needs and opportunities should be managed on an ongoing basis, not solely at annual appraisal. However your plans for CPD in the coming year should be an important part of the discussion at your annual appraisal. Your professional development needs should be discussed and agreed with your appraiser and recorded in your PDP. Examples of specific CPD plans might include the following:

- You identify that you feel the loss of a practical skill that you need but rarely use, e.g. difficult airway management. At appraisal you discuss and agree a method of dealing with this learning need. You organise to attend a difficult airway course and your appraiser agrees to approve study leave for this.

- You are aware that there is new NICE guidance on a topic and that your department's protocols may not be up to date. You agree to review the guidance, review local practice and update the local guidance and promote this within the department. You re-audit practice that demonstrates improved compliance with NICE guidance and improved patient outcomes.
- You agree at appraisal that you should attend the RCEM Annual CPD Conference as part of a CPD need to have a general update on a wide variety of topics. Study leave and funding is agreed and you attend the Conference. You write a reflection on a specific topic covered in the event, and after further reading to improve your knowledge, you present the topic at a departmental meeting with recommendations on how to improve local practice.

### 2.3. Doing CPD

Traditionally CPD has been considered to consist of attendance at planned formal courses. However not all CPD opportunities will be planned or formal but may arise spontaneously from your day-to-day practice. This can be one of the most valuable forms of CPD as it links directly to your everyday work. The College encourages you to identify, capture, and reflect on informal learning gained in this way. Examples of informal CPD activities include attendance at departmental audit or governance meetings, journal club, Morbidity and Mortality reviews, observing colleagues in their practice or seeking their advice. In addition other activities that can be recorded as CPD if learning is demonstrated include; postgraduate examining, participation in postgraduate exam question writing groups, preparation of postgraduate teaching materials, writing or editing articles for publication, reflection on feedback from patients, colleagues and others, and research activity. Ideally your CPD should be a mix of informal and formal learning, including activities that take place where you work, as well as at regional, national or international events. Some of your CPD may be aimed at improving the work of your team, e.g. it may help to develop leadership skills.

Effectiveness of a CPD activity can only be judged after the event. We have all attended educational sessions where our minds may have wandered or where we were inspired but have then done nothing further. Reflection on AN activity that improves patient care should always be the intended outcome of any CPD activity.

## 2.4. Balance of CPD.

Your CPD activity should reflect the whole scope of your practice and encompass all the domains and attributes of the GMC's [Good Medical Practice framework](#) for appraisal and revalidation<sup>4</sup>. You should aim to achieve a balance of activities that reflect your practice and learning needs in the areas of Clinical, Professional and Academic development. However the emphasis you give to each area may vary during your career depending on the proportion of clinical and other work you may carry out in roles such as educator, researcher, manager or specialty tutor.

Doctors should participate in peer-based learning in their specialty or field of practice. It is important that you undertake a significant proportion of your CPD with colleagues outside your normal place of work (often termed "external" CPD) to avoid professional isolation. Other CPD should take place with colleagues and teams within the workplace on topics directly related to your professional practice (often termed "internal" CPD). Discussing and disseminating learning to others may help to consolidate the learning and enhance that of the team in which you work. In addition recognised learning will also come from personal study such as reading of relevant books and journals, and from online learning.

To ensure that emergency physicians take part in CPD that covers their whole scope of practice, RCEM recommends some limits to the amount of CPD recorded for certain activities. Self-reflection on the personal learning achieved is the best limit-setter, but the following limits are advised in addition to the documented reflection required to validate the activity for CPD:

- Formal presentation of paper/poster: 5 credits: maximum 15 per year (or 30% of total annual CPD)
- Teaching on a university course: maximum 25 credits per year (or 50% of total annual CPD)
- Research degrees: maximum 25 credits per year (or 50% of total annual CPD)
- Examining higher medical degrees (theses): 3 credits per thesis: maximum 9 credits per year (or 20% of total annual CPD)
- Editorial activities or refereeing papers: 1 credit per hour: maximum 15 per year (or 30% of total annual CPD)
- Examination work: 1 credit per hour preparatory work: maximum 15 credits per year (or 30% of total annual CPD)
- Postgraduate examining: 5 credits per day: maximum 20 per year (or 40% of total annual CPD)
- Publications: 5 credits per publication: maximum 15 credits per year (or 30% of total annual CPD)

- Advanced Life Support courses: 10 credits per each type of course. If you instruct on more than one course type: maximum 5 credits per course. Total maximum 20 credits per year (or 40% of total annual CPD)
- Work-based assessment and training: maximum 15 credits per year (or 30% of total annual CPD)

Teaching on life support courses and training and examining undergraduates are important activities, but are unlikely to significantly develop your personal skills, knowledge, and attitudes. These activities should therefore generally be viewed as part of your teaching and training contribution rather than CPD and documented at your educational appraisal. If however you re-certify on a course that has changed since you first completed it, or have to undertake reading to update undergraduate exams to reflect changes in practice, then this can be recorded as CPD if it has contributed to your personal development as a clinician and/or manager.

## 2.5. Accreditation of CPD activity

There is no fixed definition of a CPD activity as any activity which provides individual educational benefit is eligible for CPD and can be recorded as such in your portfolio. Traditionally colleges have provided formal 'approval' to CPD events by awarding a specific number of CPD credits to an event which has provided delegates with some assurance as to the quality of the educational activity. In light of the current guidance from the GMC and AoMRC which emphasises that it is the responsibility of the individual doctor to assess the educational value of an activity, and in the absence of a robust quality assurance process to assess the educational content of external events, RCEM has taken the decision to discontinue awarding CPD credits to non-RCEM events. This is the approach that has also been taken by several other Royal Colleges. This does not mean that RCEM is taking a view regarding the quality of an event or its potential educational benefit to emergency physicians, but rather that it is the responsibility of the individual doctor, not RCEM, to assess the appropriateness of the activity for their CPD needs. If you are able to demonstrate the value of the learning activity through documented reflection, any event can be self-accredited and recorded in your CPD diary for the appropriate number of credits. One credit of CPD should be claimed for learning equivalent to one hour, although this may not always be equivalent to the actual time spent on the activity. For example:

- You attend a meeting of the Trust's Blood Transfusion Committee in place of the ED transfusion lead who is on annual leave. You reflect that you are not very familiar with a new policy and suspect that this will be true of others in the department. After the meeting you review

the policy, arrange a teaching session and cascade the information to the rest of the staff so that everyone is clear what to do. You write up what you have learnt and initiated for your CPD diary, self-accrediting two hours of learning.

In order to support Fellows and Members' CPD, RCEM has developed a programme of RCEM study days in addition to the annual CPD Conference and Annual Scientific [Conference](#). These events have been organised by RCEM with direct oversight from the CPD Director and are mapped to the GMC Good Medical Practice domains for revalidation. RCEM will continue to allocate CPD credits to these events as we quality assure their content and general applicability to the practice of emergency medicine.

Where an activity has been formally approved for CPD credits by RCEM or another College it is your responsibility to assess whether claiming all the allocated credits for that activity is appropriate. This should be done by considering whether the learning gained from the activity matches the number of CPD credits allocated, using the credit structure above. For example if a day course is approved for 6 credits, but you only learn from the morning session you should only claim three CPD credits.

## 2.6. Quantity of CPD

Historically RCEM, together with other Colleges and Faculties, considered an average of 50 hours (50 CPD credits) of relevant CPD per year, or 250 hours over 5 years, to be the recommended minimum requirement for emergency physicians. This was based on previous AoMRC guidance which has recently been updated to emphasise that the focus of CPD should be on its quality and reflection of its impact on a doctor's practice, rather than the amount of time spent on the activity. 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. Beyond this requirement there is no regulatory requirement from the GMC or RCEM 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.

## 2.7. The importance of reflection

The appropriateness and effectiveness of your CPD should be evidenced by documentation of reflection. You must always reflect on the learning gained



from your CPD and any changes made as a result, including the likely effect on your professional work and any further learning needs identified. Reflection will help you and your appraiser assess whether your learning is adding value to the care of your patients and improving the services in which you work.

The content of a reflective commentary must be appropriate to the learning experience and the value of the event in your learning. The quantity of reflection will vary according to the nature and significance of the learning experience. There are a number of models for reflection and the GMC website contains examples of CPD reflective narratives from doctors illustrating how reflective practice has helped them with their development<sup>5</sup>. A [reflective template](#) is also available from the AoMRC.

The key areas to cover in reflections are:

- What was the learning need or objective that was addressed?
- What was the outcome of the activity (try to link this to one or more of the GMC Good Medical Practice domains).
  - How have your knowledge, skills and attitudes changed?
  - Have you identified any skills, attitude and knowledge gaps?
  - How will this activity improve patient care or safety?
  - How will your current practice change as a result of this activity?
  - What aspects of your current practice were reinforced by this activity
  - What changes in your teams/department/organisation's working were identified as necessary?
- Next steps
  - Outline any further learning or development needs
  - How do you intend to address these needs – set SMART objectives.

## 2.8. Maintaining a portfolio of evidence

Evidence of learning from and attendance at CPD is essential to the appraisal and revalidation process. RCEM recommends that you collect evidence to support your record of CPD activities within a structured portfolio such as the College's new online CPD [diary](#), which was launched in April 2017. This has replaced the [old CPD diary](#) which is still hosted in the same place on the RCEM home page and will be available for three years (i.e. until 2020) in order that CPD data can be retrieved, edited and exported. No new entries can be made to the old diary.

The CPD diary is available on [RCEMLearning](#) to all Fellows and Members and as it is not dependent upon your current employer or grade. It can be updated throughout your career providing a permanent record of CPD as your practice evolves. To demonstrate how your learning confirms you are meeting the requirements of Good Medical Practice, the diary enables you to map your CPD activities to the GMC domains. It is linked to the College's e-learning resources and will automatically log some e-learning CPD activities with assessable components (i.e. learning sessions and SAQs). In addition reflective notes and other supporting evidence such as certificates of attendance, teaching feedback, guidelines and protocols, teaching materials etc. can all be easily uploaded. Retrospective entries can be added if required. The diary will generate a comprehensive summary of your CPD activity which can be downloaded to provide supporting evidence for appraisal and revalidation. Fellows and Members can login to the diary with your RCEM username and password. Further instructions are contained in Appendix A.

## 2.9. Monitoring performance of the RCEM CPD scheme

Management of the CPD scheme is overseen by the CPD Director who is accountable to the Education Committee, which in turn is accountable to RCEM Council. Generic reports using anonymised data from the online CPD diary will be used to audit usage of the scheme and determine whether RCEM recommendations are being followed. Sample audit of individual CPD activities is no longer undertaken as the introduction of revalidation has driven the development of more stringent quality assurance through local appraisal systems, which is now considered more appropriate.

## 3. Employer's responsibilities

Although the responsibility for fulfilling CPD requirements rests with the individual doctor the GMC clearly states that 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 and should facilitate access to the resources (including the time to learn) that will support this<sup>1</sup>. Doctors should therefore have protected time for internal and external CPD, funding and study leave. RCEM recommends that all career grade doctors, whether full or part-time, should have 1 SPA allocated in their job plan for CPD and revalidation. If problems arise with this they should be addressed as part of departmental job planning or through discussions with appraisers, clinical directors etc. If Fellows and Members are encountering difficulties regarding access to appropriate time or resources RCEM are

happy to provide advice. Queries can be forwarded to the CPD Director by contacting RCEM at [rcemlearning@rcem.ac.uk](mailto:rcemlearning@rcem.ac.uk)

## 4. Specific circumstances

### 4.1. Part-time emergency physicians

Doctors working part time will need to undertake the same amount of relevant CPD activities as those who work full-time.

Doctors whose main area of practice is not emergency medicine but who work one or two sessions a week in emergency medicine e.g. GP clinical assistants, should remain up to date in relation to their main specialty; however they should seek advice from their supervising consultant as to what additional CPD they should do for their work in emergency medicine, and this should be reflected in the supporting evidence they provide for appraisal. Whatever roles the doctor undertakes, CPD activities should reflect the educational needs of the whole scope of their practice.

### 4.2. Maternity or sick leave

Most doctors who take time off for maternity or sick leave will have no difficulty in obtaining the CPD they require as it is averaged over 5 years for the purposes of revalidation. The 5 year period can be extended, if necessary, by the amount of time that the doctor was not working.

### 4.3. Career breaks

Doctors considering taking a break from working as a doctor, or are already doing so, should discuss with RCEM, their employing organisation, or appraiser what steps they might need to take to stay up to date in their specialty while they are away. They should also get advice on any support they will need to help them return to practice. If you decide to keep your licence to practise during a career break, the GMC expect you to keep up to date and participate in revalidation. To revalidate, you will need to show that you have undertaken appropriate CPD. Further information about revalidation and career breaks can be found on the GMC [website](#).

The College endorses the AoMRC's [Return to Practice Guidance 2012<sup>5</sup>](#).

For specific advice regarding any other special circumstances please contact the CPD Director at [rcemlearning@rcem.ac.uk](mailto:rcemlearning@rcem.ac.uk)

## 5. References

1. [Continuing Professional Development. Guidance for all doctors. GMC 2012](#)
2. [Supporting Information for revalidation and appraisal. GMC 2011](#)
3. [Core Principles for Continuing Professional Development. Academy of Medical Royal Colleges 2016.](#)
4. [The Good Medical Practice Framework for appraisal and revalidation. GMC 2011.](#)
5. [Return to Practice Guidance. Academy of Medical Royal Colleges 2012.](#)

## APPENDIX A

**USING THE OLD RCEM CPD DIARY – available until 2020** (to retrieve, edit and export data only).

- Go to the [RCEM website](#)
- Click on 'Professionals'
- Click on 'CPD'
- Click on 'previous CPD Diary'
- Log in with your user name and password

**USING THE New RCEM CPD DIARY**

- Go to the [RCEM website](#) or [RCEMLearning](#)
- Click on 'Professionals'
- Click on 'CPD'
- Click on 'CPD Diary'
- Log in with your user name and password

**To add a CPD event**

**Click on 'new event'**

- Enter details of event
- Map learning to GMC Domains
- Add or upload reflection and outcomes
- Upload any supporting information e.g. certificate of attendance
- Click 'save'

**To generate a summary document or record of event**

- Click on 'export'
- Select type of events and time period
- Select view (record or summary)
- Click 'get report'
- Report can then be printed or downloaded as required