Continuing Professional development (CPD)

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Outline

• Continuing professional development
• Rational for CPD
• CME and CPD
• Credits for CPD
• FAQs
Continuing professional development (CPD)

“CPD is defined any learning outside of undergraduate education or post graduate training that helps doctors maintain and improve their performance. It includes both formal and informal learning activities.”

 Guidelines for CPD GMC 2012.
CPD Vs CME

• No sharp division between CPD and CME.
• The term CPD acknowledges not only the wide ranging competencies needed to practice high quality medicine but also the multidisciplinary context of patient care.
Rational for CPD

"Once you stop learning, you start dying"

~ Albert Einstein ~
Rational for CPD

- Doctors of tomorrow will be applying knowledge and applying skills which are present unforeseen

*Tomorrow’s Doctors (GMC-UK), 2007*
Information overload
Slippery slope

Years after graduation

Hours of Reading
Proposal

• Doctors of tomorrow should be educated to adopt change and learn to proceed with their CPD.

*Tomorrow’s Doctors (GMC-UK), 2007*
CPD – Missing link in Pakistan

Undergraduate

CPD

Post graduate
Common features of systems for CPD Internationally

• Most are based on an hours related credit system, in which one hour of educational activity equates to one credit;
Category I

- Requirements for Category 1
- Traditional/formal type of learning activity
- Educational content of the activity specifically defined
- Identification of curriculum and
- Development of measurable educational objectives.
- Category 1 credits need to be documented or verified by an external party.
Category II

- Presentations
- Computer skills
- Quality assessment programs;
- CME programs on the Internet;
- Risk management programs
- Administrative program
Credit points

- Half the countries surveyed use an hours based credit system to quantify educational activities, in which one hour of educational activity equates to one credit.
- Different countries have either three or five year cycles, and the number of credits required varies from 50 to 100 per year.
Proposals for Pakistan

- Providers of CPD
- Venues and Facilitation
- Role of PMDC
- Role of Health Ministry
- Program Content
- Accreditation of CPD programmes
- Documentation of credits
- Funding and Budge

Rasheed Jooma  JPMA Dec 2011
PMDC Recommendations

NATIONAL CONSULTATION ON CPD
PMDC ISLAMABAD.
3rd August 2009.
PMDC Recommendations

• A well organized CPD programme is needed to fulfill the needs of health professionals in Pakistan and the employers are responsible for provision of CPD to their employees.
PMDC Recommendations

• The key stakeholders in CPD on national scenarios are ministries and departments of Health, PMA, PMDC, CPSP, specialty societies and medical institutions.
PMDC Recommendations

• Government should help in organizing the initial funding to establish the infrastructure of CPD program and finances should be allocated specifically for CPD activities by each institution and association.
PMDC Recommendations

• Department of Medical Education should be established at the Medical universities and colleges levels and department of CPD at the PMDC or Federal MOH level to work full time and regulate and manage CPD activities.
PMDC Recommendations

• The CME documents developed by special effort of CPSP, MOH and WHO should be consulted to develop the Pakistani CPD program.
PMDC Recommendations

• An apex body should be established at the level of PMDC to set standards, rules, and regulations and perform accreditation of CPD program and members should consist of key stakeholders.
FAQs

If there has to be an accreditation body in KPK, who should do it? KMU or PGMI?
Ideally speaking, PMDC should set standards for Accreditation of educational activities. PMDC should establish an independent organization as well we should monitor and control CME activities in the country. This organization should accredit the activities of organization such as Specialty societies in Pakistan, medical universities, hospitals who want to provide CME to its doctors.

- The problem is that, KMU or PGMI can provide CME activities but why should any doctor attend these activities? What difference will it make to them if they decide not to attend? Answer is no difference. CME is not mandatory for your license renewal or recertification of your FCPS etc. However if you want to take a lead, ask KMU to establish a CME program, KMU can then accredit PGMI and other institutes. Any activities conducted by PGMI and other institutes should be within the framework of the guidelines established by the KMU. This will at least standardize the system in KPK.
FAQs

What kind of activities count towards credits?
You will have to develop CME accreditation policies and procedures and even CME/CPD programme. Any activities that help in the professional development of the physicians can be accredited. These activities are usually divided into two groups. category I and category II activities. Category I activities are the ones which are directly relevant to the professional growth of a specialist/physician (this includes all clinical activities). category II activities include non-clinical activities such as communication skills, computer operating skills, research etc. You can ask that doctors should have 25 hours / year from each category. it means 25 from category I and 25 from category II. Activities should be directly relevant to the specialty. For example you will not get credit if you attend a Gynecology workshop which has nothing to do with Dermatology.
FAQs

What should be done in the interim period? We conduct workshops and seminars in PGMI on regular basis, can they count towards credit?
• Yes they do. Some accrediting agency should issue a certificate that a one day seminar on XYZ topic is accredited for 5 credit hours (Category I). You do not issue more than 7 credit hours per day. One activity cannot be granted more than 30 credit hours. For example, we cannot say that our contact session is worth 50 credit hours. Any course more than 30 hours should be considered as a certificate program and not a CME activity.
Conclusion

• Formal CPD activities need
• Accreditation of activities
• Medical educationist role
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