

Chapter Seven

Guidelines for Continuing Professional Development

INTRODUCTION

The Global Pediatric Education Consortium (GPEC) believes that a pediatrician's training and learning should continue throughout the lifetime of their practice. Part of a pediatrician's responsibility to continue learning is being held accountable to the public for maintaining professional competence in order to assure continued quality care. Continuous Professional Development (CPD) is a method by which a pediatrician can assure patients of continued learning and maintenance of competence for successful practice. Patients and providers deserve assurance that pediatricians continue to maintain a high level of competence and mastery of the domain of pediatric medicine. In fact, CPD is important to regulators (governmental and non-governmental), the medical education community, patients, and the profession, as a way for all physicians to demonstrate their commitment to lifelong learning and improvement.

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practical, value-added...*

GPEC has undertaken to provide a basic list of recommendations for developing and implementing a standard CPD program. Whether a CPD program is national in scope or institutional, these recommendations can be taken as guidelines for best approaches to CPD methods. The user is referred to the list of references at the end of this chapter for supporting documentation of these recommendations.

Defining Continuous Professional Development (CPD)

The definition of CPD that is espoused by GPEC is as follows:

CPD is a process whereby pediatricians identify learning needs and gaps in knowledge; engage in learning, reflection, and self-analysis; and participate in evaluation activities, all of which are designed to assist the pediatrician in improving the quality of care they provide to children.

Similar to traditional continuing medical education (CME) activities, a CPD process is most likely to be successful if the motivation comes from the pediatrician and his/her knowledge of areas of weakness or limitation rather than only a regulated, required process. Traditional methods of CME provide limited value in improving the quality of patient care and the provision of continued individual physician competence. While many traditional CME activities provide access to learning and assessment, most lack a robustness and technical adequacy to assist the pediatrician with his/her own learner needs. GPEC believes that CPD should be meaningful, practical, value-added, and ultimately, it must assist pediatricians improve the quality of healthcare they provide; it will most assuredly include CME activities as a means to the learning and assessment process but it extends traditional CME into a process of continual learning and

feedback within the context of a regulated program designed to improve and maintain competence throughout ones career.

Goals of CPD

Pediatricians should maintain a high level of competence in all areas defined for successful practice (see Chapters 1-3). A quality CPD program should provide formal and informal opportunities to identify areas of need, learning opportunities to address those needs, self-assessment activities, quality improvement activities, and ways to ensure that professionalism is maintained and enhanced.

Core Recommendations

Following are core recommendations based on best-practices from around the world and taking into consideration the experience of our delegate organizations for developing a robust and meaningful CPD program (see reference list). Our hope is that local and national entities will be able to utilize these guidelines in a formal manner to assist pediatricians with their professional development and to attest to the Public of continued competence to practice safe and effective pediatric medicine.

Recommendation #1: A successful CPD program assists the learner in identifying individual learning needs (ie, gaps in knowledge, skills, and abilities) that when remedied will improve the quality of care provided to children.

Recommendation #2: CPD programs should provide access to quality learning opportunities in order for physicians to address gaps in knowledge, skills, and abilities. Learning opportunities can be in the form of CME activities (eg, seminars, conferences, guided readings) but should also provide e-learning and distance opportunities to collaborate with colleagues around meaningful issues of practice.

Recommendation #3: Quality improvement should be a key focus and a core component of any CPD program. Pediatricians are continually improving their practice in order to optimize new technology, knowledge, and therapies. CPD should allow pediatricians to evaluate their own practice (preferably using their own practice data), make improvements based upon standard practice guidelines or best-evidence, and implement remedies of identified needs into their everyday practice.

Recommendation #4: A robust CPD program provides standard, valid, and reliable evaluation processes and assessment tools that allow the pediatrician learner to:

- (a) Identify weaknesses or needs that can be remedied through lifelong learning;
- (b) Improve their knowledge, skills, and abilities to practice pediatric medicine; and
- (c) Provide evidence that they are maintaining and improving the quality of care they provide to children.

Recommendation #5: The entire CPD process should attest to the satisfactory maintenance of all **core competencies** deemed necessary for an individual to practice as a pediatric physician specialist. Ultimately, it should attest to the pediatrician's commitment to improve practice and professional responsibilities.

Recommendation #6: The quality CPD program should have the following methodological features:

- (a) Focus on the pediatrician as learner;
- (b) Be flexible enough to fit into the everyday activities of the pediatrician;
- (c) Provide activities that are meaningful with evidence that they are associated with improvement in practice; and
- (d) Allow for both self- and collaborative-learning.

References and Sources of Information

American Board of Pediatrics. Maintenance of Certification (www.abp.org – see Maintenance of Certification tab). ABP; 2012.

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