CPD commitments

Executive Summary and Recommendations

Introduction
During the consultation on CPD, many questions about our proposals were raised by those who responded, and several calls for more information on certain areas were made.

In the Key Decisions document, we made a number of commitments to provide further information. In addition, whilst summarising the feedback in this document, where the volume of responses was significant, we commented on several of the points raised by respondents.

This paper draws on the information published and commitments made in the Key Decisions document. It was felt that summarising this information, and considering it in the first meeting, might be useful to the group, to ensure that issues which came up during the consultation are considered, and commitments to give more information are honoured. The attached sheet therefore quotes from the Key Decisions document wherever:

- a commitment is made to publish guidance; or
- a significant source of confusion, or questions is noted in a summary of the feedback.

It may be useful for this paper to be re-tabled at a later meeting, so that the group can look at any work undertaken, against the Key Decisions document, and consider whether the points have been dealt with.

Decision
This paper is for information only. No decision is required.

Background information
None applicable

Resource implications
None applicable

Financial implications
None applicable

Background papers
The following documents can be downloaded from the HPC website:
CPD Consultation document:
www.hpc-uk.org/publications/consultations/index.asp?id=68
CPD Key Decisions document:
www.hpc-uk.org/publications/consultations/index.asp?id=76

Appendices

None

CPD further information commitments

Taken from the Continuing Professional Development Key Decisions document
http://www.hpc-uk.org/publications/consultations/index.asp?id=76

p.2   'Comments we received focused on: …
- whether we needed to give more guidance or set minimum standards to make health professionals feel confident that they have achieved a satisfactory level of CPD'

p. 3   'Supporting information:
- We will draw up and publish details of the processes and comprehensive supporting information including exemplar documentation This will be completed by April 2006;'

p. 8   'Several people asked how the introduction of the NHS 'Agenda for Change' and the 'Knowledge and Skills Framework' relates to and affects our proposed rules.
[this is followed by explanatory text, which this PLG could use in its documents]

p. 8   'The need to clarify the difference between CPD and CPC (continued professional competence) was raised by a number of people. They asked for the difference between CPD and CPC to be made clear.'

p. 8   'Judging from responses to our consultation, the links and differences between CPD, competence, our Standards of Proficiency and fitness to practise need to be made clear'
[there is then explanatory text in the Key Decisions document, which this PLG could use in its documents]

p. 11   'The range of CPD activities and different scope of practice of registrants means that we cannot adopt an approach based on hours or points. It is the quality, rather than the quantity, of CPD learning that is of concern and this is why our proposals focus on the outcomes of CPD. Given this, our reference to a minimum standard of CPD (in figure 2 of the consultation document) is misleading and will be removed. We will create exemplars and other supporting information and publish them on our website to give some indication of our expectations of CPD activities.'

p. 12   'The intended distinction between 'profile' and 'portfolio' within the consultation document also caused confusion.'

p. 13   'We will provide a glossary to define terms such as 'profile' and 'portfolio''

p.15   'For example, some people expressed concerns about:
- the identity, qualifications, knowledge and competence of CPD assessors, how they are chosen and the training they will receive;

- how the appeals process will work, including whether we will provide feedback to registrants whose evidence of CPD does not pass the audit process;
- the security of CPD profiles, in terms of relying on the postal service and the potential for delays or losses; and
- the lack of a timescale for examining CPD evidence.'

p.15 'The issue of evidence being anonymous is complicated and we will investigate it further, particularly with reference to patient confidentiality and confidentiality between registrants and assessors.'

p. 16 'We will draw up and publish (by April 2006) additional information about the evidence that will need to be provided in a profile.'

p.21 The commitment above was repeated, with the addition of, 'This evidence will clearly reflect the questions in appendix 3 of the consultation paper.'

p.22 Many people asked how general CPD proposals applied to all registrants. Some suggested that our CPD process should take account of the individual circumstances of registrants. These comments centred on the ability of specific groups of registrants to meet our requirements, notably those who are:

- physically disabled;
- not currently practising;
- working part-time;
- self-employed;
- based outside the UK;
- peripatetic (working in various places for relatively short periods);
- located in rural areas;
- locums; or
- registered with more than one statutory regulator.
-

Many people asked for allowances to be made for some or all of these groups, due to the inequalities they experience in terms of time and funding for, access to, and the availability of CPD.'

p.23 'Questions were also raised about whether we would make allowances for those on leave at the time we ask for profiles or during assessment, and whether registrants who are on leave will be able to keep to the CPD standards or meet our deadlines for providing evidence. In particular, questions were asked about:
- maternity and pate rnity leave;
- sick leave;
- other types of extended leave.'