



CPD and Accreditation

Guidance for medical professionals

April 2020

The importance of CPD as a medical leader

Medical leadership is essential to the delivery of high-quality care for patients. Evidence shows that good team working in England's hospitals is associated with lower mortality and that good executive leadership corresponds with fewer patient complaintsⁱ. There is also a positive link between the number of doctors on hospital boards and overall quality for patientsⁱⁱ, whilst another study showed a 25% quality premium in US hospitals led by doctorsⁱⁱⁱ. The knowledge, skills, attitudes and behaviour in clinical leadership should therefore be important in a doctor's continuing professional development.

Continuing Professional Development (CPD) helps doctors to maintain and improve their performance. It is a continuing process, outside formal undergraduate and postgraduate training, that enables individual doctors to maintain and improve standards of medical practice. As part of the annual appraisal and revalidation process, all doctors who have a licence to practise will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise. The activities can be varied across a doctor's scope of practice but should reflect their full spectrum of work.

The Faculty of Medical Leadership & Management (FMLM) was established by the Academy of the Royal Colleges in 2011 to champion the improvement and development of medical leadership and management within the medical profession in the wake of the failings within Mid-Staffordshire NHS Foundation Trust. FMLM has produced standards in Medical Leadership & Management for Medical Professionals (2nd Edition published October 2016) based on the GMC's Good Medical Practice principles that should form the basis for annual appraisal and revalidation for individuals whose role includes a medical leadership and management component.

To support the appraisal process, FMLM has therefore developed the CPD scheme that underpins CPD in medical leadership and management by accrediting activities that should be appropriately recognised as part of the individual's CPD. This will be achieved by the award of FMLM CPD credits that acknowledge the development of the skills, competencies and behaviours required for leadership and management. The proportion of credits attributable to leadership should reflect the balance of work performed in leadership roles.

The Scheme reinforces the Academy of Royal Medical Colleges Ten Principles of Continuing Professional Development and awarding schemes as revised in October 2007. The guidance is intended to provide advice for individual medical practitioners.

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Medical Director

Requirements for medical professionals

Principles of CPD

Continuing Professional Development (CPD) enables individual doctors to maintain and improve standards of medical practice. CPD activities must be completed and documented every year and its evidence used to contribute to doctor's appraisals and revalidation. The activities can be varied across their scope of practice and are outlined in the section on 'Activities that qualify for FMLM CPD'. The focus for the CPD scheme hosted by FMLM is the development required in leadership and management. The proportion of credits attributable to leadership and management should reflect the balance of work performed in these roles.

All doctors who have a licence to practise will be required to provide documentation that they are participating in CPD in order to keep up to date and fit to practise. Documentation of participation in, and learning from, CPD to the standards set by FMLM will be a requirement for specialist recertification.

CPD requirements and categories

One CPD point equates to the equivalent of one hour of educational activity and the minimum required is **50 credits per year** across a clinician's scope of practice. In one **5-year** accreditation cycle clinicians would be expected to evidence **250 CPD credits**. Furthermore, clinicians in leadership roles are expected to attend the 'Leaders in Healthcare' conference at least once every 5 years. Activities that do not have a defined time should have their credits justified by the participant in their reflective record or agreed between the provider of the educational activity and FMLM.

It is the responsibility of individual doctors to ensure that they undertake a range of CPD activities that reflect the local and national needs of their practice and their own learning needs that are identified through the FMLM standards for leadership and management. These include:

- *Local (internal activities within employing organisations) – eg locally-organised teaching.*
- *National/International – eg leadership development activities that are organised nationally (external) to your employing institution.*
- *Personal – Other educational activities, not formally accredited with CPD credits, but determined to be a useful development activity eg e-Learning, relevant books/articles.*

Doctors with clinical responsibility are expected to fulfil CPD that reflects the proportion of clinical and leadership responsibilities they undertake. A clinician in a full-time leadership role would be expected to achieve the following minimum CPD credits every year:

<i>Local</i>	<i>National/International</i>	<i>Personal</i>
20	20	10

* A single long-term study programme (eg MSc, MBA) cannot count for more than 25 credits out of the total minimum CPD requirements annually.



Doctors should have a balance of local, national/international and personal credits and each activity must be accompanied by reflection on the learning event to consider their learning, changes it will have on their work and to identify further learning needs. The balance between categories outlined above are minimum recommendations, although there is scope for variation should the educational value of the activities meet the personal development plan of the doctor.

Personal credits

Personal credits as part of a doctor's professional development in leadership/management can be recorded for activities that have not been accredited with CPD credits. Individuals have responsibility to record CPD that has educational value and aligns to the areas of development according to the FMLM leadership and management standards. These must be accompanied by a record of personal reflection on the activity. 1 CPD point is the equivalent of one hour of educational activity. Learning may reinforce existing good practice or provide new knowledge.

Reflection and evidence of participation

The Academy of Medical Royal Colleges (AoMRC) has published guidance on 'The reflective practitioner', which outlines clearly the requirement for reflection in training for revalidation. AoMRC have also produced a reflective practice toolkit, which has templates and examples of techniques for reflections. An important component of leadership development is reflection and should be an integral part of a doctor's professional development also forms an important outcome for discussion at appraisal. Evidence of reflection should be recorded to complete the learning activity and obtain the CPD credits. Doctors should consider the impact the learning activity will have on their work as well as aid in their professional development plan for future learning activities.

Recorded evidence of reflection of the CPD activity is required and it is also desirable that doctors retain evidence of participation in the learning activity. This can include

- Attendance certificate/logs
- Self-assessment certificates or other outputs from the activity.

Professional development plan and appraisal

FMLM is responsible for the quality assurance and awarding of CPD credits to learning activities in medical leadership and management that meet the AoMRC guidance for CPD. Doctors are responsible for identifying and planning their individual CPD activity and should take into account the full scope of practice in which they work. These should be considered and agreed with the doctors' appraiser as part of their personal development plan. The CPD credits will be mapped to the FMLM *Leadership and Management Standards for Medical Professionals* (2nd Edition) four domains (self, team, organisation, system) to help understand the doctors' current and future professional development requirements.

Registration and Quality Control

FMLM will perform regular audits on a random selection of participants to ensure that the activities have been undertaken and are appropriate. This audit of individuals will be a size that gives FMLM confidence that the process and systems are effective.



Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being annotated accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Further failure or suspected falsification of evidence for claimed CPD activities may call into question the individual's fitness for revalidation and may result in referral to the GMC/GDC (adapted from **Principle 10**).

Activities that qualify for FMLM CPD credits

Activities that qualify for CPD in leadership and management and that FMLM will award credits to:

Leadership/Management development programmes	<ul style="list-style-type: none"> Attendance at a national or regional programme approved by FMLM [or other Royal Medical College] Organising a national or regional programme approved by FMLM or other Royal Medical College
Conference in leadership/management	<ul style="list-style-type: none"> Attending, presenting or organising. Clinicians in leadership roles are <i>expected to attend 'Leaders in Healthcare' conference at least once every 5 years.</i>
Long-term programmes of study in leadership/management	<ul style="list-style-type: none"> E.g. study toward a MBA, MSc, PhD, Tomorrow's Strategic Leader (TSL) A single programme cannot count for more than 25 credits out of the total annual minimum CPD requirements CPD credits must remain balanced across your development needs and between local, national and personal credits.
Academic writing in leadership/management	<ul style="list-style-type: none"> E.g. original research, letters, chapters, books, journal articles accepted for publication Peer review or editorial activity for material concerning leadership/management e.g. BMJ Leader
Teaching/meetings in leadership/management	<ul style="list-style-type: none"> Attendance, development or delivery of formal teaching e.g. undergraduate, postgraduate, MBA, MSc, workshops, tutorials, grand rounds etc Informal teaching is not applicable for awarding of CPD credits
QI project	<ul style="list-style-type: none"> Undertaking personally or having oversight of a formal QI project
Developing national guidelines or invited service reviews	<ul style="list-style-type: none"> E.g. CQC, NICE
Leadership development activity as part of representative or leadership role	<ul style="list-style-type: none"> E.g. Board development days Training to become a mentor or coach
Evaluation of standards in leadership and management	<ul style="list-style-type: none"> E.g. Undertaking activity for a FMLM certification or accreditation committee
e-Learning/Distance Learning	<ul style="list-style-type: none"> Credits for e-Learning and distance learning activities approved by FMLM or provided by recognised institutions.
Personal study supported by a record of reflective learning	<ul style="list-style-type: none"> Journals and books Podcasts/webinars Leadership diagnostics These would count towards personal CPD credits if accompanied by evidence of reflective learning

Specific exclusions from consideration for CPD credits

- Attendance at board/audit meetings alone is not sufficient to demonstrate CPD in leadership and management

Appendices

APPENDIX 1

Academy Of Medical Royal Colleges Ten Principles Of CPD

1. An individual's CPD activities should be planned in advance through a personal development plan, and should reflect and be relevant to his or her current and future profile of professional practice and performance. These activities should include continuing professional development outside narrower specialty interests.
2. CPD should include activities both within and outside the employing institution, where there is one, and a balance of learning methods which include a component of active learning. Participants will need to collect evidence to record this process, normally using a structured portfolio cataloguing the different activities. This portfolio will be reviewed as part of appraisal and revalidation.
3. College/Faculty CPD schemes should be available to all members and fellows and, at reasonable cost, to non-members and fellows who practise in a relevant specialty.
4. Normally, credits given by Colleges/Faculties for CPD should be based on one credit equating to one hour of educational activity. The minimum required should be an average of 50 per year. Credits for un-timed activities such as writing, reading and e-learning should be justified by the participant or should be agreed between the provider(s) and College/Faculty directors of CPD.
5.
 - a) Self-accreditation of relevant activities and documented reflective learning should be allowed and encouraged.
 - b) Formal approval/accreditation of the quality of educational activities for CPD by Colleges/Faculties should be achieved with minimum bureaucracy and with complete reciprocity between Colleges/ Faculties for all approved activities. The approval/accreditation process and criteria should be such as to ensure the quality and likely effectiveness of the activity.
6. Self-accreditation of educational activities will require evidence. This may be produced as a documented reflection. Formal CPD certificates of attendance at meetings will not be a requirement, but evidence of attendance should be provided, as determined by each individual College or Faculty.
7. Participation in College/Faculty based CPD schemes should normally be confirmed by a regular statement issued to participants which should be based on annually submitted returns, and should be signed off at appraisal.
8. In order to quality assure their CPD system, Colleges/Faculties should fully audit participants' activities on a random basis. Such peer-based audit should verify that claimed activities have been undertaken and are appropriate. Participants will need to collect evidence to enable this process.



9. Until alternative quality assurance processes are established, the proportion of participants involved in random audit each year should be of a size to give confidence that it is representative and effective. This proportion will vary according to the number of participants in a given scheme.

10. Failure to produce sufficient evidence to support claimed credits will result in an individual's annual statement being endorsed accordingly for the year involved and the individual subsequently being subject to audit annually for a defined period. Suspected falsification of evidence for claimed CPD activities will call into question the individual's fitness for revalidation, and may result in referral to the GMC/GDC.

APPENDIX 2

Special circumstances

All doctors who hold a licence to practise should remain up to date with the CPD requirements set out by their Medical Royal College or Faculty. Doctors working less than full time have an equal obligation to provide high quality patient care as do those working full time, and thus 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 doctors.

In addition, the local arrangements to facilitate CPD should reflect current NHS guidance on equality and diversity in the workplace. In some circumstances participation in CPD may be difficult or impossible for periods of time. The following are some of the circumstances to be considered, and some of the ways in which these may be addressed:

A rolling five-year programme

A shortfall in CPD activity at the end of a fixed five-year cycle is difficult to make up. However, the use of a rolling cycle allows the average amount of activity to be maintained over five years if a shortfall occurs

Doctors undergoing remediation

CPD will be an essential part of the remediation process

Doctors who are suspended

This is likely to be rare, and the period of suspension before return to work, or a decision on re-training or remediation should be short. Where necessary it should be possible to make up any lost CPD credits over a five-year cycle

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. This may be achieved either prospectively (where possible) retrospectively after return to clinical work, or a combination. Where the absence is for more than a year, advice from the College or Faculty should be sought

Doctors who have fully retired from clinical practice

If a retired doctor wishes to retain a license to practise, then the CPD requirements of the College or Faculty should be met. As much flexibility as possible should be provided, and a doctor experiencing difficulty should contact the relevant College or Faculty

Non-consultant career grade doctors

This group of doctors should meet the same CPD requirements as other career grade doctors in their specialty

Doctors 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 College or Faculty. The doctor 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 doctor's appraiser, College or Faculty.