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APT and continuing professional development in UK psychiatry

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Happy New Year, and welcome to what some are predicting will be the year of continuing professional development / continuing medical education!

You were last given an update on continuing professional development (CPD) in psychiatry in the UK in the first issue of *Advances in Psychiatric Treatment*, in September 1994. What was written then was already out of date by the time of publication, and, inevitably, what you now read will already have been superceded by further changes in events and decisions; however, I will do my best to inform you.

Before I go any further, I should warn you once again that this is your last free issue of *APT*. We have been able to send the first three issues free to a wide readership by courtesy of the National Health Service Executive. Now is the dawning of reality, both for you the reader (will you commit yourself to the notion that *APT* is worth subscribing to?), and for us, the editorial board – is the fledgling to be supported, or deserted before ever spreading its wings?

The Royal College of Psychiatrists has made some decisions concerning the terms to be used and the procedures to be followed for CPD for consultant psychiatrists. CPD will be voluntary and certification will be given for three years prospectively. The term 'continuing professional development' is taken to be more comprehensive than 'continuing medical education' (CME); it includes the valuable concept of learning alongside other mental health professionals, and is also more than education in a narrow sense. It is intended for consultant psychiatrists, and also those in associate specialist, staff grade, clinical assistant and other related posts. The responsibility for the details of CPD lies with the Committee for Continuing Professional Development; this used to be answerable to the Council of the College but is now answerable to the Court of Electors. This administrative detail may not seem to be important but actually is, as it moves CPD from immediate and executive issues and debates, to matters of achieving and maintaining standards. CPD within the Royal College of Psychiatrists is no longer a "shall we?" – it is now a "this is how we will".

In this it might be compared with the MRCPsych examination, in that once the decision to have an examination had been made, concerns with running it economically, deciding what the standard should be, looking at its educational effects, ensuring its fairness, considering sanctions, and so on, were all an essential part of the work of the Court of Electors. In the same way that the Examinations Sub-Committee has the Chief Examiner as a senior fellow of the College but not an Officer, so the committee for CPD is chaired by the Director of CPD, the euphonious term with which I have been graced by Council, answerable to the Court of Electors and to Officers but not an Officer her or himself. There are certain advantages in planning strategy and monitoring efficacy for both Examinations and CPD, in being slightly distanced from the day-to-day and month-to-month pressures of the College, but yet by no means being remote and Olympian.

Inevitably, most of the work of the newly-formed CPD Committee will take place in its sub-committees. At the moment there are three of these and they are already starting their work: Courses, Validation, and Certification of CPD.

The Courses Sub-Committee of the CPD Committee has three main functions. It has the task of arranging College courses, workshops, seminars and other specifically directed educational events at College meetings, meetings of Sections and Divisions, and also separately from other College events. In setting up such courses and workshops, we are seeking to be sensitive to the needs of individual consultants, and also to management, in meeting the requirements and wishes of patients in all areas of the service and in all psychiatric

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specialities. Another important function of this sub-committee is to decide what is needed in terms of courses for psychiatrists, and to stimulate other organisations to set them up both nationally and locally. It is to be hoped that in time others such as universities, medical schools, provider trusts, individual hospitals and other educational organisations will be arranging CPD courses on mental health topics. The Sub-Committee is also involved with courses that are not specifically directed at the CPD of consultants. For example, we have been organising courses for health service managers for some years, and also occasionally for general practitioners. There are plans for a course for police doctors.

It is essential that the validation of courses must be separated, at least by the thickness of Chinese walls, from the organising and providing of such courses. The Validation Sub-Committee will be charged with the task of laying down standards for courses, setting up ways of monitoring them, establishing targets, and inspecting the extent to which these principles have been achieved. In this, its work is rather similar to the Approvals Committee responsible for maintaining educational standards for training schemes and hospitals. Initially the Validation Sub-Committee will be looking only at a broad educational attainment but, with increasing experience, will seek to improve the standards of courses and workshops to make them more effective and therefore more useful for the consultants who attend them.

The third sub-committee is responsible for Certification of CPD. This vitally affects every consultant psychiatrist, at least in the UK, and perhaps elsewhere also. As from 1 January 1995, the College is offering certification. This will be geared to the needs of the individual psychiatrist, and requirements for it will be in four modules:

(1) Psychiatric conferences and symposia
(2) Specific training courses, seminars, workshops
(3) Case conferences, clinical and audit meetings locally
(4) Reading, personal study and distance learning.

Certification will be for three years prospectively from the date of registration, and the requirements for CPD will be based upon a set amount of time in each of the four modules. The scheme is voluntary, and it is up to the individual psychiatrist to register and maintain their certified status. However, there are clearly advantages to the consultant in terms of being better informed and more able to carry out a wide range of consultant tasks, to the provider manager in knowing that the service is of high quality, and to purchasing authorities in their responsibility for ensuring quality of care.

Ultimately, the responsibility for funding CPD must lie with the provider trust. CPD is as essential in carrying out the service at a satisfactory level as ensuring that the surgeon's scalpel is sharpened or that the radiotherapy department is not a health hazard. Of course, if a trust is responsible for funding, it implies that management must be involved in deciding on the content of CPD. CPD is more comprehensive than CME, so the budget for it is more than just "study leave with expenses". There must be a commitment from management to encourage consultants and other psychiatrists to take advantage of CPD activities, and it is to the advantage of trusts and purchasing authorities that all their consultants are CPD-certified. Certification for CPD cannot be done without cost to the College. It would not be just to add this expense to the membership subscription, as this would penalise psychiatric trainees and members overseas. A separate charge will therefore be made for CPD certification, and it is to be hoped that enlightened trusts will see the advantages not only in meeting the cost of CPD but also certification.

Advances in Psychiatric Treatment is seen as having an important role in CPD and will fulfil part of the module for personal study. For this reason the cost of combined certification for CPD and subscription to *APT* will be discounted.

APT will deal with all aspects of psychiatric treatment and management. It will aim to publish articles on physical and biological aspects of treatment, psychological and social interventions, management issues, and treatments specific to the different psychiatric sub-specialities on a regular basis. It is our aim to make articles accessible to the busy consultant reader, as well as informative, accurate and relevant for everyday work. Later, whole issues will be devoted to a single theme; we would like to have case discussions and other forms of article. We welcome dialogue with our readers and we want to hear what they need, and also what they would enjoy reading.

Continuing professional development is here to stay. Inevitably there will be teething troubles as we introduce it over the next year or so. *Advances in Psychiatric Treatment* has a useful part to play in improving the quality of CPD, but it will be immeasurably more useful if you help us direct it to your needs by telling us what you want.

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